



Mamawetan Churchill River Health Region

Annual Report 2010-2011



Together in Wellness

www.mcrrha.sk.ca



2010 Population: 22,674



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The electronic version of this annual report may be found at: www.mcrhra.sk.ca



Letter of Transmittal



"Working together in wellness to promote, enhance and maintain quality of life."

To the Honourable Don McMorris
Minister of Health

Dear Minister McMorris:

The Mamawetan Churchill River Regional Health Authority is pleased to provide you and the residents of the health region with its 2010-11 annual report.

This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2011.

Respectfully submitted,

Ron Woytowich, Chairperson
Mamawetan Churchill River Regional Health Authority

www.mcrrha.sk.ca



Introduction

This annual report presents the Mamawetan Churchill River Health Region's activities and results for the fiscal year ending March 31, 2011. It reports on public commitments made and other key accomplishments of the region.

Results are provided on the publicly committed strategies, actions and performance measures identified in the strategic plan. This report also demonstrates progress made on commitments.

The 2010-11 Annual Report provides an opportunity to assess the accomplishments, results and lessons learned, and to identify how to build on past successes for the benefit of the people in the Mamawetan Churchill River Health Region.



Alignment with Strategic Direction

The Ministry of Health has a mandate to support Saskatchewan residents in achieving their best possible health and well-being. It establishes policy direction, sets and monitors standards, provides funding, supports regional health authorities, and ensures the provision of essential and appropriate services.

The Mamawetan Churchill River Health Region works collaboratively with the Ministry of Health and with other partners to support the more than 22,650 residents of the region, spread over a large geographical area, in achieving their best possible health and well-being.

Guiding the region's staff is a mission, vision and values statement that was developed in consultation with the staff and approved by the Board.

The region's strategic plan aligns with the strategic and operational directions for the health sector communicated by the Ministry of Health. The goals of the region's strategic plan are also influenced by the unique circumstances of the region, including demographics and health status. The work of the Quality as a Business Strategy Committee has helped to clarify the mainstay, driver, and support processes, and how they link together. The "drivers" are responding to our external and internal influences and learning about our customer's needs. Adjustments to the plan are made in response to consultation with the community.



Mamawetan Churchill River Regional Health Authority



Mission

Working together in wellness to promote, enhance and maintain quality of life.

External Vision

Vibrant and diverse communities, rich in northern heritage, tradition and culture.

Internal Vision

A safe, respectful environment of teamwork, learning and continuous quality improvement, representative of the communities we serve.

Values ~ WE ACT Together

W holistic Approach:	Compassionate care, recognizing and supporting physical, mental, spiritual, social and emotional well-being.
E quity:	Social justice through fair and equitable access to health services for all people.
A ccountability:	Having the courage to do what is right, guided by honesty, transparency and responsibility to our stakeholders.
C ompetence:	A commitment to the continual pursuit of excellence through gaining knowledge, implementing research based best practice guidelines and standards within an ethical framework.
T rust:	Built upon respect and valuing the unique worth of each individual in our relationships, decisions, and actions.
T eam Approach:	Working together through cooperation and recognizing each other's contributions to achieve a common goal.

Strategic Directions

The Ministry of Health sets out the strategic directions and goals for the health sector. These were expressed in the 2010-11 Accountability Document for the health region as follows:

Strategic Focus	1. HEALTH OF THE INDIVIDUAL	2. HEALTH OF THE POPULATION	3. PROVIDERS	4. SUSTAINABILITY		
Goals	1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations	2.1 Improve population health through health promotion, protection and disease prevention	3.1 Work together to build a workplace that supports the adoption of both patient- and family-centered care and collaborative practices (NEW GOAL)	4.1 Achieve best value for money while improving the patient experience and population health (NEW GOAL)		
	1.2 Achieve timely access to evidence-based and quality health services and supports	2.2 Collaborate with communities, other ministries and different levels of government to close the gap in health disparities	3.2 Work together to create safe, supportive and quality workplaces	4.2 Improve transparency and accountability through measurement and reporting (NEW GOAL)		
	1.3 Continuously improve health care safety in partnership with patients and families		3.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers	4.3 Strategically invest in facilities, equipment and information infrastructure to effectively support operations		
5. SUPPORTIVE PROCESSES						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">5.1. Benchmark and model world-class high-performing health systems (NEW GOAL)</td><td style="width: 33%; padding: 5px;">5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies (NEW GOAL)</td><td style="width: 33%; padding: 5px;">5.3 Leverage technology to achieve improvements in patient care and system performance (NEW GOAL)</td></tr> </table>				5.1. Benchmark and model world-class high-performing health systems (NEW GOAL)	5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies (NEW GOAL)	5.3 Leverage technology to achieve improvements in patient care and system performance (NEW GOAL)
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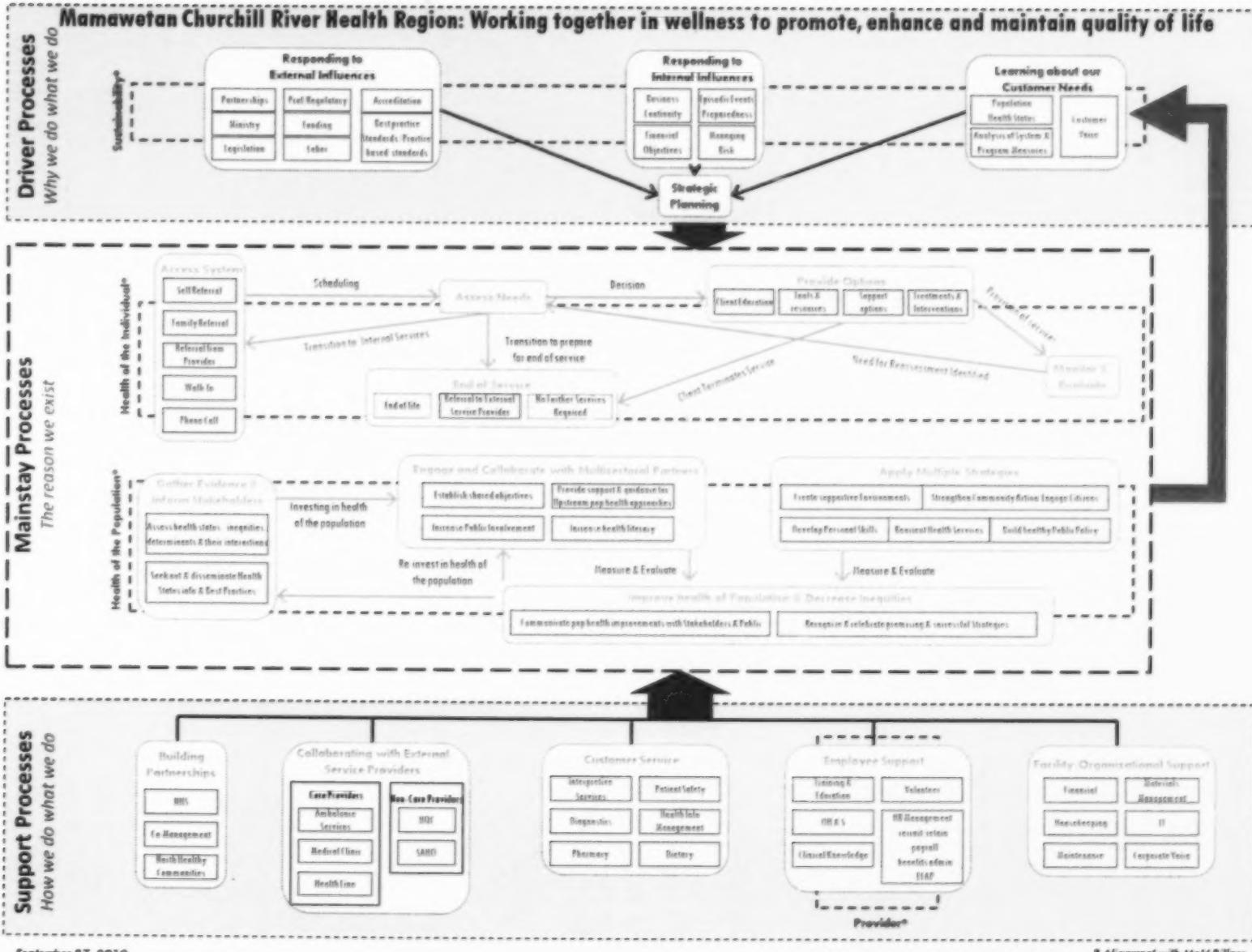
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The Linkages between Driver, Mainstay and Support Processes





Goals of the Mamawetan Churchill River Health Region Strategic Plan for 2009-12

1.0 Health of the Individual

- 1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations.
- 1.2 Achieve timely access to evidence-based and quality health services and supports across the continuum of care including clients with complex needs.
- 1.3 Continuously improve health care safety in partnership with patients and families.

2.0 Health of the Population

- 2.1 Improve population health through health promotion, protection and disease prevention.
- 2.2 Collaborate with communities, other ministries and different levels of government, to close the gap in health disparities, including environmental factors.

3.0 Providers

- 3.1 All levels of the organization work together to build a patient centred, caring and inclusive organizational culture.
- 3.2 All levels of the organization work together to create a safe, supportive and quality workplace.
- 3.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers.

4.0 Sustainability

- 4.1 Achieve best value for money while improving the patient experience and population health.
- 4.2 Strategically invest in facilities, equipment and information infrastructure to effectively support operations.

5.0 Supporting Processes

- 5.1 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies.
- 5.2 Leverage technology to achieve improvements in patient care and system performance (e.g. EHR, Telehealth, Diagnostics).

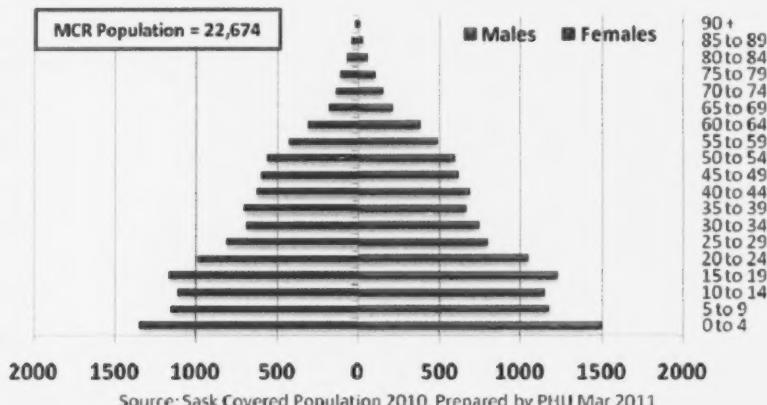
A number of initiatives and targets have been established to achieve each of the goals.



RHA Overview

The population of the Mamawetan Churchill River Health Region has some unique characteristics which impact on the health care service delivery.

Population Pyramid by Age and Sex, MCR 2010



The population of the region has increased by 23.8% between 1995 and 2010. In 2010, 32.8% of the region's population was less than 15 years of age. Over 80 percent (80.2%) of the population self-identify as being Aboriginal.

In 2007, the Mamawetan Churchill River Health Region along with Keewatin Yatthé Health Region and the Athabasca Health Authority had the highest 'dependency ratio' of all other health regions in Canada, comparing the number of youth under 20 and elders over 65 years of age with the 'working' population of 20-64 years. Regions with high dependency ratios indicate economically stressed areas.

MCR off-reserve children aged 17 years and under (34%) are twice as likely to live in poverty compared to the province (18%).

Less than half of the health region population aged 25-29 years are high school graduates compared to 80% for the province.

The median before-tax income of people living in the Mamawetan Churchill River Health Region is \$13,610, which is \$10,000 less than the provincial median.

The Mamawetan Churchill River Health Region has almost four times the proportion of dwellings requiring major repair, and 10 times the rate of crowding, having more than one person per room, compared to the province.



Governance

The Mamawetan Churchill River Regional Health Authority is responsible for the planning, organization, delivery and evaluation of health services it is to provide within its health region and within any other area that may be directed by the Minister. In carrying out its responsibilities, the regional health authority shall:

- Assess the health needs of the persons to whom the regional health authority provides health services;
- Prepare and regularly update an operational plan for the provision of health services;
- Provide the health services that the minister determines that the regional health authority is to provide;
- Co-ordinate the health services it provides with those provided by other providers of health services;
- Evaluate the health services that it provides;
- Promote and encourage health and wellness; and
- Do any other things that the Minister may direct.

As stated in the Accountability Document, The Mamawetan Churchill River Regional Health Authority is expected to:

- comply with all legislation, regulations, contracts, policies and directives;
- comply with all Ministerial information requests; and
- provide a range of publicly acceptable services appropriate for the facility designation or community in which the service is provided.

Members of the Mamawetan Churchill River Regional Health Authority for 2010-11 included:

Joe Hordyski, La Ronge, Chairperson (resigned February 28, 2011);

Ina Fietz Ray, Sandy Bay, Vice-Chairperson (until July 29, 2010);

Ron Pratt, La Ronge, Vice-Chairperson (appointed July 29, 2010; Acting Chairperson from March 1, 2011);

Lorraine Bear, Sandy Bay (appointed July 29, 2010);

Leon Charles, Grandmother's Bay;

Al Rivard, La Ronge;

Josie Searson, La Ronge;

Louise Wiens, La Ronge; and

Ron Woytowich, La Ronge.

The Mamawetan Churchill River Regional Health Authority has Governing Bylaws approved by the Minister of Health. In addition to holding public meetings, and meeting as the Committee of the Whole, as described under the *Regional Health Services Act*, the RHA has three committees of the Board: Governance, Audit and Finance, and Ethics.

The Ethics Committee developed an Ethics Framework for the region, which the Board approved in January, 2011. The committee continues to educate its members at regular meetings, and another member has completed the Provincial Health Ethics Network Course. The committee sponsored a training event for staff, "The Fine Art of Fairness", which was delivered by the Office of the Provincial Ombudsman.



The Ethics Consultation Sub-committee has prepared documents necessary to begin consultations and will be rolling out this component of their charter to all staff early in the 2011-12 fiscal year.

Two RHA members served on the Northern Health Leadership Working Group of the Northern Health Strategy. The Chair and Vice-Chair are also members of the Northern Health Authorities Co-management Partnership Committee. In addition, the Practitioner Liaison Council, the Northern Human Services Partnership, Saskatchewan Association of Healthcare Organizations Board, and the North Sask Laundry & Support Service Board include representatives from the RHA. The Board Chair and two members of the RHA participated in the Health Quality Council initiative, Quality as a Business Strategy (QBS). They participated in provincial workshops, and met as part of the regional QBS team.



Left to right: Al Riyard, Ron Pratt, Joe Hordyski, Louise Wiens, Leon Charles, Josie Searson, Lorraine Bear & Ron Woytowich

As part of its ongoing commitment to board development, the RHA members attended the SAHO Annual Conference, and the SAHO Annual General Meeting.

In 2010-11, the RHA met nine times in La Ronge and once in Pinehouse. Notices of the meetings are sent to the media inviting public attendance. Highlights of the public meetings, in the form of RHA Notes, are distributed to the media following the meetings. Both the notices and RHA Notes are posted on the region's website.

In May, 2010, members of the Mamawetan Churchill River Regional Health Authority met with the Health Board of the Peter Ballantyne Cree Nation in Prince Albert to discuss areas of mutual interest. At its Board meeting in Pinehouse, the Board received a presentation from the Pinehouse Interagency Group. The Board also invited representatives of the Town of La Ronge, Village of Air Ronge, Lac La Ronge Indian Band and Lac La Ronge Indian Band



Health Board to hear a presentation on the region's Facilities and Infrastructure Requirements Strategy.

In January, 2011, the Board invited key stakeholders from throughout the region to participate in a Dialogue Day, which included the latest information on health indicators in the region and an opportunity for participants to review trends in the determinants of health, share key insights, and make recommendations for future community action. The following day, the Board met with the Executive Team to review the strategic plan for the region.

Community Advisory Networks consist of volunteers who assist the Regional Health Authority to understand the needs, preferences and priorities of people and communities, and advise the Authority on broad issues. The region has Terms of Reference for the Community Advisory Networks, and the community of Pinehouse has an active network. There is ongoing dialogue with other communities to establish Community Advisory Networks there.

Organizational Structure

The Executive Team is made up of the Chief Executive Officer, Kathy Chisholm, and the Directors reporting directly to her, as well as the Chief Financial Officer, Senior Medical Officer and Medical Health Officer. (See Appendix B) The departments include Integrated Health Services, Addictions Services, Mental Health Services, Primary Health Care, Human Resources and Operations, Information Systems, Quality Improvement and Risk Management, Corporate Services and Communications. The Director of the Population Health Unit is also on the Executive Team. The Population Health Unit (PHU) provides public health and population health services to the three northern health authorities (Athabasca Health Authority, Keewatin Yatthé Regional Health Authority and Mamawetan Churchill River Regional Health Authority) under a Co-Management Agreement.



Left to right: Curtis Skalicky, Dr. James Irvine, Teresa Watt, Sharyn Swann, Andrew McLetchie, Kathy Chisholm, Dr. David Stoll, Susan Halland, Harry Ohrn, Donna Stockdale, Linda Mikolayenko and Irene Erikson.



The Leadership Group is made up of the members of the Executive Team, along with the Community Health Managers in Creighton, Pinehouse, and Sandy Bay, as well as the Deputy Medical Health Officer, Director of Nursing, Director of Facilities and Operations, Manager of Health Promotion and Community Therapies, Regional Risk Management Coordinator, Employee and Patient Safety Coordinator, Employee Benefits & Disability Management Coordinator, Representative Workforce Coordinator, Manager of Environmental Health and Executive Assistant. Over 300 full-time, part-time and casual employees work for the health region.

Health Care Organizations & Other Third Party Relationships:

In order to achieve its mandate, the Mamawetan Churchill River Health Region is engaged in a number of partnerships. For an extensive list, please refer to Appendix C. Of particular note, are the following:

- ◆ CADAC, the Creighton Alcohol and Drug Abuse Council, provides outpatient addictions prevention and recovery services for adults and youth in the Creighton/Denare Beach area. These include:
 - Initiation and continuation of the motivational assessment process for purposes of developing client-centered recovery planning;
 - Transition program with intensive education appropriate to the client's needs (either in group or one to one);
 - Programming for clients in the stabilization stage or early recovery stage (either in group or one to one);
 - Making appropriate client referrals when it is in the best interest of the client's care plan;
 - Case management with other agencies;
 - Relapse prevention education (either in group or one on one);
 - Educational and therapeutic materials for clients and the public;
 - Providing screening, assessment and counselling services to clients involved in the Safe Driving Program and the Impaired Driver Treatment Program (IDTP);
 - Maintenance of positive public relations including liaison with self-help groups and community leadership;
 - Health Promotion and Prevention Strategies, which could include programs, presentations and participation in Drug Awareness Week;
 - Participation in community action plans that are relevant to addiction issues such as Community Interagency meetings and Community Health Committee meetings;
 - Clinical Gambling Services for problem gamblers and their families;
 - Outreach services to the local schools of Creighton and Flin Flon.
- ◆ The region contracts with the following to provide Emergency Medical Services – La Ronge EMS, Peter Ballantyne Cree Nation Health Services Inc., and NOR-MAN RHA (Flin Flon General Hospital Ambulance Service).
- ◆ North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN), based in La Ronge, acts as a service delivery agent for a community support program funded by the region. It is a contracted service, reviewed and renewed annually, and accountability is through a standardized contract which requires audited financial statements and an annual report. The Director of Mental Health Services is responsible for the contract and

meets regularly with the Executive Director of NSN to review services and quarterly financial statements.

- The region is the accountable partner for the Northern Health Strategy and administers the funding for the Northern Human Services Partnership (NRIC).

Service Delivery

Services are delivered by the Mamawetan Churchill River Health Region to residents in north-eastern Saskatchewan through facilities in five communities: Creighton, La Ronge, Pinehouse, Sandy Bay, and Weyakwin. In addition, a funding agreement exists between the provinces of Manitoba and Saskatchewan for the provision of services at Flin Flon General Hospital to approximately 8,000 residents of NE Saskatchewan from the communities of Creighton, Denare Beach, Deschambault Lake, Pelican Narrows, Sandy Bay, and Sturgeon Landing.

Programs & Services:

The programs and services provided by the Mamawetan Churchill River Health Region are designed to respond to the changing needs of our clients. A unique arrangement exists to provide specific services through the Population Health Unit.

Population Health Unit

The Population Health Unit (PHU) provides public health and population health services to the three northern health authorities (Athabasca Health Authority, Keewatin Yatthé Regional Health Authority and Mamawetan Churchill River Regional Health Authority) under a Co-Management Agreement.

The Population Health Unit includes Medical Health Officers; Communicable Disease/Immunization Nurse; Dental Health Educator; Environmental Health Manager and six Public Health Inspectors; Infection Prevention and Control Coordinator; Nurse Epidemiologist; Public Health Nurse Specialist; Public Health Nutritionist; Director and Support Staff. A Prenatal Nutrition Coordinator and Population Health Promotion Coordinator provided additional service in 2010-11.

The Population Health Unit has roles and responsibilities within the three northern health authorities for:

- Health protection and disease control and prevention;
- Health surveillance and health status reporting;
- Legislated mandate under the Public Health Act (2004) and regulations;
- Liaison, consultation and advice;
- Population and public health program planning and evaluation;
- Population health promotion (advocacy for healthy public policy, community development, health education).

Physician Services

The region does not employ physicians, although it does have a contract arrangement for a part-time Senior Medical Officer.



In La Ronge, physician staffing is facilitated through Northern Medical Services, a division of the Department of Academic Family Medicine of the University of Saskatchewan. At the La Ronge Health Centre, physicians provide inpatient services (including obstetrics), emergency room coverage, care for long term care patients, and perform pre-booked outpatient procedures.

On weekdays, the physician group offers medical services at the La Ronge Medical Clinic for scheduled appointments and minor emergencies. In addition, physicians travel regularly to Stanley Mission, Pinehouse, Southend and Wollaston offering patient care to clients in these communities. In 2010-11, 376 outpost clinics were performed by the La Ronge physician group.

The La Ronge physicians are actively involved in training residents, interns, nurse practitioners, and medical students. They commit time to administrative duties for the region, University of Saskatchewan, and provincial committees.

Specialist services are also made available in La Ronge in the areas of psychiatry, pediatrics, obstetrics, gynecology, nephrology, orthopedics, general surgery, ophthalmology, and otolaryngology. A regular TB clinic is held and a specialist service for infectious diseases has been added. The visiting specialists hold clinics in the La Ronge Medical Clinic and La Ronge Health Centre.

At the Sandy Bay Health Centre, physician services are provided twice a week by J.A. Steyn Medical Professional Corporation, through a funding arrangement with Northern Medical Services.

Acute Care/Hospital Services

Acute care services within the La Ronge Health Centre provide a wide variety of services including inpatient care, emergency and outpatient care, and labour and delivery for residents of the region living not only in La Ronge, but in many northern communities. The acute care unit is staffed by registered nurses and licensed practical nurses. Attending physicians are staffed through Northern Medical Services.



In 2010-11, there were 667 admissions to acute care beds, as well as 54 newborns. There were 12,563 visits to the Emergency Department, almost a thousand more than the previous year. A total of 547 clients were kept in "short stay" beds for observation.

Diagnostic Services

There is a laboratory, x-ray and ultrasound department that also serves the outlying communities by providing diagnostic services to the people living throughout the central area of the region.

Nikinan (Long Term Care)

Nikinan is the long term care facility in the Region, located in the La Ronge Health Centre. Nikinan is a Cree word meaning "Our Home" and it is home to 14 residents from many northern communities. In 2010-11, three new clients were admitted to the facility. At the end of the fiscal year, there was a waiting list of 29 individuals.

In addition to permanent residential supportive care at Nikinan, there are two rooms dedicated to providing care for people who request residential supportive care for a brief period of time. In 2010-11, there were 43 respite admissions.

An adult day program for people who benefit from daily supportive care and socialization is provided out of the long term care facility in the La Ronge Health Centre.

Home Care

Home care services are provided in Creighton, La Ronge, Pinehouse, Sandy Bay and Weyakwin. Services provided are based on standardized assessments. Home care nurses provide care and monitoring of clients. Home health aides may assist the client with personal care, meal preparation, shopping, assistance to medical appointments and basic homemaking services. A physiotherapist may also make home visits. Meals on Wheels services are offered in La Ronge, Sandy Bay and Weyakwin. Not including meals, over 20,000 hours of home care services were provided to clients in 2010-11.

Foot health and podiatry care is provided by a licensed podiatrist who visits the La Ronge Health Centre monthly for 3 days. He is assisted by a nurse who provides care and follow-up between visits. This service is available to all residents of the region. Communities that have home care services also benefit from regular foot care clinics conducted by home care staff.

Primary Care

Primary Care is available at the Health Centres in Pinehouse and Sandy Bay. These are staffed by nurse practitioners, registered nurses and licensed practical nurses, with doctors visiting on a regular basis. In La Ronge, a nurse practitioner works collaboratively with the physicians at the La Ronge Medical Clinic. Residents in the Creighton area can receive primary care through the NOR-MAN Health Region in Flin Flon, Manitoba.

Community Health

Public Health Nurses offer a variety of immunization services including Child Health Clinics, School Health Immunizations, Influenza Vaccination Clinics, International Travel Immunizations, Staff Immunizations, and Adult Immunizations. In addition, in La Ronge, they offer a needle exchange program for clients who require discreet and confidential provision of clean intravenous supplies as well as information, education and services to enhance personal safety.

Public Health Nurses offer one-on-one prenatal counselling and group prenatal classes. All postpartum clients are followed up upon discharge from hospital.



The Children's Dental Program delivers dental health education and prevention, diagnostic and limited restorative dental services for all preschoolers and children attending provincial schools up to age 16 years. Dental Clinics are located at the La Ronge Health Centre, Pre Cam Community School in La Ronge, Gordon Denny Community School in Air Ronge, Minahik Waskahigan Elementary School in Pinehouse, Creighton Community School, Hector Thiboutot Community School in Sandy Bay, and the Weyakwin Health Centre. Visiting dentist services for adults and children are available at the La Ronge Health Centre, initially through a contract with the Centre for Community Oral Health of the University of Manitoba, Faculty of Dentistry, and now, through a private dentist. This arrangement complements dentist services already provided in the community. Services provided to clients through this contract are paid for through their individual or group insurance plans or through direct billing of the clients themselves.



Community Health Educators are local workers in La Ronge, Pinehouse and Sandy Bay who work with other health care providers to deliver services and programs, and assist individuals and families to access the services and programs they require.

Two Diabetes Nurse Educators work with a multidisciplinary team that may include a physician, diabetes nurse educator, dietitian, pharmacist, community health educator, and other health care workers to provide services to individuals and families living with diabetes. The team provides education (both individual and group) for knowledge and skills needed to manage diabetes and prevent complications, and offers ongoing follow-up as needed. One is based in La Ronge and provides service to La Ronge, Air Ronge, Pinehouse and Weyakwin, while the other is based in Creighton and provides service to Sandy Bay and Creighton.

The regional dietitian provides a variety of services to the communities of La Ronge, Air Ronge, Pinehouse, and Sandy Bay. Examples of these services include: diabetes education, nutrition and lifestyle counselling, support for nutrition and healthy living programs and initiatives, consultations to food service providers, as well as education and partnerships with various community groups and schools.

A Sexual Wellness Coordinator works in partnership with Northern Lights School Division teachers to offer education, information and skills training to students about all aspects of human sexuality. A Tobacco Reduction and Problem Gambling Prevention Coordinator works to plan, implement and evaluate population health promotion strategies that aim to reduce tobacco rates and exposure to second hand smoke, and to provide individuals, professionals, organizations and communities with problem gambling educational materials and resources.

A Youth Health Promotion Coordinator provides leadership in the design, implementation, coordination and evaluation of youth engagement initiatives that are related to health promotion. A Community Youth Asset Coordinator works closely with community stakeholders, school community councils and youth to plan, implement, and evaluate activities that are founded in the 40 Developmental Asset philosophy, with the aim of decreasing illicit drug use in the intermediate to long term.



Addictions & Mental Health

Addictions and Mental Health Services work closely together to meet client needs.

In La Ronge, Pinehouse and Sandy Bay, adult addictions services are provided on a one-to-one and group counselling basis. Over 390 files were opened in 2010-11. Youth services are provided out of the Kikinahk Friendship Centre in La Ronge. These services include one-to-one counselling, an addictions education program and an outpatient day program.

We have a staff member in Addictions Services who is qualified to instruct in the area of Native Traditional Practices. Don Caisse is recognized by the University of Saskatchewan as a traditional healer and holds an honorary doctorate from the university. In this past year we have made his knowledge available to our clients who are seeking guidance or more information about the sweat lodge ceremony, smudging and traditional healing. Over 70 client contact hours for this purpose have been documented during this fiscal year. We have been able to utilize the healing room located in Long Term Care for smudging ceremonies, as well as pipe ceremonies.

In Creighton, addictions prevention and treatment services are available through the Creighton Alcohol and Drug Abuse Council (CADAC).

The Social Detox unit at the La Ronge Health Centre has eight beds available to assist clients (those who have no medical detox requirements) to safely complete their withdrawal from alcohol and drugs. Inpatient beds are provided for clients to attend group programming and one-to-one counselling. In 2010-11, there were 199 admissions to Detox beds.

Mental Health services in La Ronge, Pinehouse, Creighton and Sandy Bay provide education, support and counselling to individuals, families, and groups, as well as advocacy and crisis intervention services for those experiencing issues with mental well-being. In addition to regular counseling services for children, we provide play therapy activities in La Ronge. The region also has a Kids First North (KFN) contract to deliver Mental Health and Addictions services to KFN families in La Ronge, Pinehouse and Sandy Bay. The Mamawetan Churchill River Health Region receives funding from the Ministry of Justice to deliver a Children



Exposed to Violence program. This funding supports a half-time Social Work position to provide these services to residents of La Ronge and surrounding area.

Between April 1, 2010 and March 31, 2011, there were 475 active mental health clients. There were 68 new child and youth clients and 127 new adult clients. Thirty child and youth clients had their files re-opened and 90 adult clients had files re-opened.

The Scattered Site Community Support program under North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN) continues to offer a Drop-In Program. In 2010-11, it averaged over 400 visits per month. Staff continue to offer a hot lunch program in partnership with the Lac La Ronge Food Bank. The visiting professional program continues to expand the number of professionals who attend on site to deliver services. The program continues to work towards expanding outreach services as well as developing transitional housing options for the community of La Ronge.

Therapies

Physiotherapy services are provided by a full-time physiotherapist, based in La Ronge. A Speech/Language Pathologist currently provides itinerant services. There are plans to expand both of these in the future.

Telehealth

Telehealth is a means of delivering health care services and education through interactive video, audio and computer technologies. Telehealth enhances the ability to provide patient care, regardless of geographic location. Our region currently has four Telehealth sites: La Ronge, Pinehouse, Sandy Bay and Creighton. In 2010-11, 63 clinical patients were seen via Telehealth and 52 community members attended education events.

Quality of Care

The Quality Improvement and Risk Management program is responsible for several areas that impact on the public. These include client concern handling, investigation of critical incidents, privacy and patient safety coordination. Clients who have concerns may contact the Quality of Care Coordinator through a toll-free number: 1-866-431-2422. In 2010-11, 30 client concerns were logged by the Quality of Care Coordinator, 22 of which were resolved within 30 days.

Progress in 2010-11

The Mamawetan Churchill River Health Region, through the implementation of its operational and strategic plan, continued to address the health care needs of its residents during 2010-11. This was achieved through the region's program activities, through the region's participation in a co-management partnership agreement with the two other northern health authorities, and through involvement in a number of intersectoral initiatives.

Highlights of progress towards selected targets in relation to the goals and initiatives of the strategic plan are presented in this report. As well, significant achievements in relation to the provision of health care services to the residents of the region are noted in the context of the pillars of the health care system.

Health of the Individual

Two significant innovations during the 2010-11 fiscal year have greatly enhanced the access to health services for Northern Saskatchewan residents.

Basic to Intermediate Air Medevac

The region, in collaboration with the Ministry of Health, selected Transwest Air to provide a dedicated basic to intermediate air medevac service to complement the Provincial Air Ambulance service. The service began in July and ensures more timely patient transfers.

To the end of March, 2011, Transwest Air transferred 272 patients in trips that originated in the Mamawetan Churchill River Health Region.

Referring Facility	Total # of Patients
Flin Flon Hospital	19
La Ronge Health Centre	29
Lionel Lake Mine	2
Pinehouse Clinic	49
Sandy Bay Nursing Station	75
Southend Clinic	7
Wollaston Clinic	91

As well, the availability of this service allowed Transwest Air to respond to an additional 47 patients transferred from calls originating in other health regions, including the Athabasca Health Authority, Keewatin Yatthé Health Region, Kelsey Trail Health Region, Prince Albert Parkland Health Region and Saskatoon Health Region.





Radiology Information System/Picture Archiving and Communications System (RIS/PACS)



By December, 2010 a new system for the transfer and storage of diagnostic images was fully implemented at the La Ronge Health Centre. The benefits for patients is that x-rays and ultrasound scans can be sent electronically, rather than by courier, to be read by a radiologist in Saskatoon, reducing the wait time by three or four days. Coincidentally, physicians can consult with radiologists over the phone to establish a care plan, and occasionally, this prevents the need for clients to travel to larger centres.

Strategic Plan Goal 1.1

Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations.

Initiative:

Develop, implement and publicly release a Board Approved plan for engaging the customer that includes clear services delivery expectations.

Target: To ensure 100% of new and existing staff receive orientation to the plan for engaging the customer.

Results:

As of March 31, 2011, 96.9% of employees throughout the region participated in a "Hearing the Voice of our Customer" presentation. The complete Board approved Customer Engagement and Service Expectations Framework, which flows from the *Patient First Review* and the Ministry of Health strategic and operational directions, is available to staff on the region's internal shared electronic files.

A number of initiatives have been undertaken to enhance customer service and solicit feedback from our clients. One of these is a poster entitled "How can we do better?" that is customized to different program areas. This serves two purposes. It challenges staff to constantly look for ways to improve service, and encourages clients to communicate their expectations to the service providers.

Together in Wellness



Creighton Home Care Team
688-8630

How can we do better?



We ask ourselves that question, and we want to hear from you.

Let us know, or contact the Quality of Care Coordinator, 1-866-431-2422; quality@mcrha.sk.ca

www.mcrha.sk.ca



Strategic Plan Goal 1.2

Achieve timely access to evidence based and quality health services and supports across the continuum of care including clients with complex needs.

Initiative:

To develop and implement, by June 30, 2009, a Board approved plan to ensure patients are receiving appropriate care by reducing the number of clients in acute care beds awaiting long term care placement.

Target: To reduce the number of patients classified as awaiting long term care placement in an acute care bed.

To have 3.5% or less of the total acute care beds occupied by clients awaiting LTC placement by March 31, 2011.

Results:

The plan was developed in 2009, and implementation is ongoing. Information is gathered on a quarterly basis on the number of clients in our acute care beds at the La Ronge Health Centre that are awaiting long term care placement.

Patients awaiting long term care placement in an acute care bed in 2010-11

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of patients awaiting long term care placement in an acute care bed	0	2.00	3.00	1.00
Percent Acute Care Beds Occupied Waiting Placement, of All Acute Care Beds (26)	0	7.7%	11.5%	3.8%

The percentage of clients on the acute care ward awaiting alternate care beds varies significantly in the La Ronge Health Centre due to our small numbers. Other factors that affect this number include the incidence of palliative care needs (such as cancer care, end-of-life chronic care, etc.), and health care events that impact lifestyle and may require planning, teaching, and other preparation in the home (such as strokes, accidents, etc.). In our health region, we are limited in the services we are able to provide due to limited rehabilitative services, and specialized care services. We have 14 long term care beds and two respite beds located in La Ronge. We have a waiting list approaching 30 clients. There are no other facilities within the region. Clients are reluctant to be placed in care facilities outside the region due to distance from family. The health region works with other health organizations such as the Lac La Ronge Indian Band Health Services to match residents with care available in their facilities.





Health of the Population

Strategic Plan Goal 2.1

Improve population health through health promotion, protection and disease prevention.

Initiative:

Develop by March 31, 2011 a Board approved regional improvement plan to meet or exceed the average provincial immunization rate of 70%.

Results:

In March, 2011, the Board approved a plan to improve immunization rates in the region. Currently, data is based on entries into the Saskatchewan Immunization Management System (SIMS). It must be noted that the system underestimates the immunization coverage rates in the Mamawetan Churchill River Health Region because records from First Nations communities are not included.

The influenza immunization rate for long term care residents in the region already exceeds 70%. In 2009-10, the rate was 93%. The plan to increase rates for children and health care workers includes initiatives such as strengthening the ability of the organization to effectively deliver immunization programs, increase public education and awareness, and enhance collaboration with partners such as schools and First Nations health services.




Initiative:

Reduce the number of falls and injuries from falls for residents in long term care through the implementation of the *SHN!* Falls Prevention bundle, which aims to identify possible risk factors and falls prevention programs that can reduce the majority of falls.

Results:

The staff of the long term care facility are committed to reducing falls. A strategy has been developed and some of the successes include:

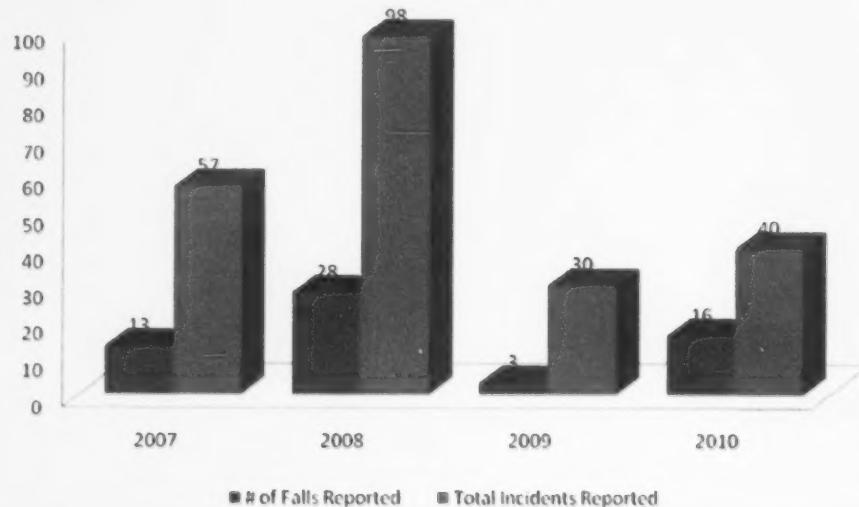
- 100% of clients have a risk assessment completed on admission;
- Staff report an increased awareness of risks;
- Transfer of information regarding falls occurs at shift change reporting, staff meetings, and through documentation.

Although the number of falls reported in long term care in 2010 was greater than 2009, there are a number of variables. Awareness may have led to increased reporting. As well, there are changes in the client population and differences in unit staffing which impacts staff education. Improved data collection and evaluation is one of the goals for 2011-12.



The Employee and Patient Safety Coordinator prepared a poster presentation entitled "16 Beds = 16 Reasons" for the Falls Prevention in Seniors Across the Continuum of Care Annual Conference in Saskatoon in March.

Comparison of Falls Incidents to Total Incidents Reported





Wellness Grants

Wellness Grants of up to \$1,500 are available for community projects that engage youth and focus on one or more of the following health promotion pillars: mental well-being, decreased substance use and abuse, accessible nutritious foods, and active communities. These grants encourage community groups to view health in a holistic way, and engage them in projects that are meaningful to them. An evaluation report ensures accountability. Following is a list of the organizations and projects that were awarded wellness grants in 2010-11:

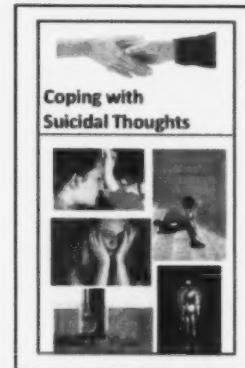
Project	Organization	Community	Pillar	Amount
Northern Food Security Conference	Food Secure Saskatchewan	La Ronge	Accessible Nutritious Foods	\$1500
Power Skating Clinic	La Ronge Skating Club	La Ronge	Active Communities	\$1400
National Addictions Awareness Week 2010	NAAW Committee	Pinehouse	Decreased Substance Use and Abuse	\$1500
Illicit Drug Prevention Summit	Illicit Drug Prevention Summit Committee	La Ronge	Decreased Substance Use and Abuse	\$1500
La Youth Community Kitchen	La Ronge Lutheran Fellowship Church	La Ronge	Accessible Nutritious Foods	\$1500
Life Skills Nutrition Training Program	Minahik Waskahigan School	Pinehouse	Accessible Nutritious Foods	\$1500
CCHS Nutrition Education Program	Churchill Community High School	La Ronge	Accessible Nutritious Foods	\$1500
The La Ronge Music Festival	The La Ronge Music Festival Committee	La Ronge	Mental Well-being	\$200
Babysitting Course	Pre-Cam Community School	La Ronge	Mental Well-being	\$625
La Ronge Children's Festival	La Ronge Children's Festival Committee	La Ronge	Mental Well-being	\$1500

An **Infection Prevention and Control Plan** was approved by the Board in March that outlines the structure, elements and activities in place to provide infection prevention and control across the region's healthcare programs, facilities, environments and communities. The plan includes a comprehensive hand hygiene program, as well as monitoring of surgical patients for infections.

In October, 2010, the Board approved a **Medication Reconciliation Plan** for the health region. This plan outlines specific actions to reduce medication errors and adverse drug events. The plan is based on resources obtained from the national organization, *Safer Healthcare Now!* and Accreditation Canada standards. Communication between health care providers and patients is a key component of the plan.



The Board also approved the **Suicide Prevention Framework** for the region in December, 2010. As part of the framework, we have developed family educational materials which are available in waiting rooms of various departments such as Mental Health and Addictions, Emergency and Public Health, as well as at Community Health Centres in Sandy Bay, Pinehouse and Creighton and the Scattered Site Community Support project. A "Coping with Suicidal Thoughts" brochure is also available on the region website. We have conducted three Applied Suicide Intervention Skills Training (ASIST) training workshops and plan for at least three more in the 2011-2012 fiscal year. We also plan to provide Suicide Awareness training to all staff, as well as community members.



Providers

Strategic Plan Goal 3.2

Work together to create safe, supportive and quality workplaces.

Initiatives

Improve scheduling process, attendance support and workplace safety to reduce wage driven and injury costs.

Target: To achieve a 3% reduction in sick time hours/FTE.

Results:

Affiliation	Sick Leave Hours	
	Hours/FTE 2009-10	Hours/FTE 2010-11
Saskatchewan Government Employees Union (SGEU):	106.79	98.24
Health Sciences Association of Saskatchewan (HSAS):	97.98	79.18
Out of Scope (OOS):	95.79	54.53
Saskatchewan Union of Nurses (SUN):	61.24	71.05
Total	96.48	81.08

- The region achieved an overall 15.96% reduction in sick leave in 2010-11.
- The Attendance Support policy was amended in 2010-11 to clarify some language. Through the Attendance Support Program, managers have been meeting with employees who are high frequent users of sick leave. Employees in some program areas have received further education on the Attendance Support Program.



Target: To achieve a 17.5% reduction in Wage-Driven Premium hours per FTE

Results:

Affiliation	Wage-driven premium hours (overtime)	
	Hours/FTE 2009-10	Hours/FTE 2010-11
Saskatchewan Government Employees Union (SGEU):	55.96	59.06
Health Sciences Association of Saskatchewan (HSAS):	4.33	7.35
Out of Scope (OOS):	0.00	0.10
Saskatchewan Union of Nurses (SUN):	285	224.62
Total	77.03	74.29

- There was a 3.6% reduction in wage driven premium hours/FTE.
- The lack of a casual pool of nurses continues to impact Wage-driven Premium hours in Mamawetan Churchill River Health Region.
- After hours call backs in the two primary health care clinics also contribute to the Wage-driven Premium hours.

Target: To achieve a 16.7% reduction in the number of WCB time lost claims.

To achieve a 5% reduction in the number of WCB time lost days per 100 FTEs.

Results:

	Workers' Compensation Board Claims	
	2009-10	2010-11
Number of lost-time WCB claims per 100 FTEs	4.24	2.30
Number of lost-time WCB claim days per 100 FTEs	157.18	343.45

- Mamawetan Churchill River Health Region achieved a 51.2% reduction in the number of lost-time WCB claims per 100 FTEs in 2010/2011.
- The number of WCB time lost days per 100 FTEs doubled in 2010-2011. This was due to two long term WCB claims this year.

3.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers.

Initiative:

To work with the Ministry and the Saskatchewan Union of Nurses (SUN) to fill vacant SUN nursing positions and increase their total SUN FTEs. To establish a Joint SUN / Health Region Retention and Recruitment Committee to provide a formal process to involve nurse managers and front line staff to jointly problem solve, develop and agree on recruitment and retention initiatives to be delivered by the parties.



Target: To achieve 32.98 SUN FTEs by March 31, 2011

Results:

Number of SUN FTEs	SUN FTEs	
	2009-10	2010-11
	31.14	36.51

- Mamawetan Churchill River Health Region exceeded the SUN Partnership targets in 2010-2011. The target was 32.98 FTEs. In 2010-11, 36.51 SUN nursing FTEs were achieved.
- The Joint SUN-MCRHR Retention and Recruitment Committee received four proposals from nurses for initiatives to be funded by the SUN/Government Partnership Funding provided to MCRHR. These initiatives are:
 - Empowerment for Improvement
 - Advanced Training on Trauma and Sexual Assault Counselling
 - Professional Development Fund for Nurses
 - MCRHR/SUN Acute Care Education Bursary Fund

Initiative:

To fully implement the Board approved Representative Workforce Strategy including continuing to partner with First Nations and Métis communities and organizations to effectively attract, recruit, retain and promote First Nations and Métis employment and participation in regional health authorities (RHAs).

Target: To increase the percentage of Aboriginal employees by 5% by March 31, 2012.

Results:

Aboriginal Representation in the Workforce		
	2009-10	2010-11
Number of self-identified Aboriginal employees compared to total number of employees	98/302	95/304
Percentage of self-identified Aboriginal employees compared to total number of employees	32.45%	31.25%

- In April, 2010, the Board approved a Representative Workforce Strategy that included a number of initiatives, including a goal of increasing the percentage of Aboriginal employees by 5% by March 31, 2012. At the end of 2009-10, there were 98 out of 302 employees in the health region who self-identified as Aboriginal (32.45%). At the end of 2010-11, there were 95 out of 304 employees who self-identified as Aboriginal (31.25%). This is a slight drop even though 23 out of 53, or 43.39% of new hires in 2010-11 self-identified as Aboriginal.
- One of the challenges in achieving a workforce that appears to be representative of the community is that the identification of employees as Aboriginal is entirely voluntary. Some individuals choose not to self-identify.



- Northlands College has recently introduced a Health Careers Access Program, which provides northern residents with the opportunity to enhance their eligibility for health career training programs. It is expected that this will result in increased Aboriginal participation in the health workforce in future years.

Development Opportunities

The region continues to take advantage of opportunities to develop the workforce. Six employees completed a Leadership Development Program. Nineteen staff members acted as mentors to new employees, while 37 employees, in a wide variety of occupations, were preceptors for students in work placements.

Sustainability

Strategic Plan Goal 4.1

Achieve best value for money while improving the patient experience and population health.

Initiative:

Work collaboratively with RHAs/SCA, and other stakeholders to:

- Implement "quick start" shared services initiatives (i.e. joint purchasing) to capture immediate cost savings for the health system;
- Develop a province-wide group purchasing system to increase the level of joint purchasing in Saskatchewan;
- Establish a shared service organization to achieve long-term cost savings for the health system;
- Take advantage of the New West Partnership.

Results:

Historically, Regional Health Authorities (RHAs) and the Saskatchewan Cancer Agency (SCA) have each overseen most of their own administrative and support services. Today they are working together to design a new means of sharing these services.

Shared Services will focus on administration by sharing functions related to human resources, information technology, finance and administration, and materials management. The health system can reduce costs and duplication, work more efficiently and effectively, and allocate more resources to direct patient care.

This project is part of Saskatchewan's move to a more patient-centred health system. The Patient First Review Commissioner recommended shared services as a way to achieve greater value for Saskatchewan patients and taxpayers.

The shared services approach seeks to achieve both the customer service orientation of a decentralized administrative model, and the effectiveness and efficiency of a centralized model.

Shared services are not new to the Saskatchewan health sector. Health regions, their affiliates, and the SCA have been sharing payroll, benefits, purchasing, and some human



resource and workplace health and safety functions for a number of years through the Saskatchewan Association of Health Organizations (SAHO), or on a collaborative basis.

The Shared Services Project is under the direction of the Council of CEOs, of which Kathy Chisholm, Chief Executive Officer of the Mamawetan Churchill River Health Region, is a member. It is funded in part by the Ministry of Health, which has established strategic and operational directions for the project, and by significant in-kind contributions from the RHAs, the SCA, and SAHO.

Strategic Plan Goal 4.2

Strategically invest in facilities, equipment and information infrastructure to effectively support operations.

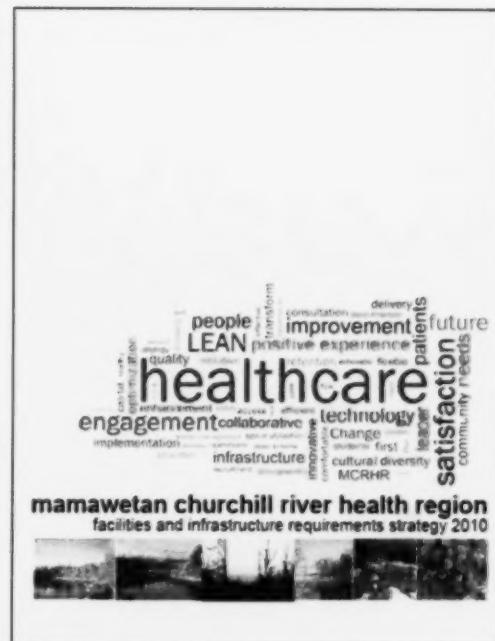
Initiative:

Prepare and submit letters of interest for capital infrastructure funding per regional infrastructure priorities as opportunities arise.

Results:

A business case was prepared for the installation of natural gas at the La Ronge Health Centre. It is anticipated that the conversion will result in significant savings in heating costs in future years. The installation is proceeding in 2011-12.

Upon review of the information contained in the Facilities & Infrastructure Requirements Strategy report prepared with the assistance of professional consultants, Croft Planning and Design, the Board has determined that increasing the capacity for accommodating long term care clients is a high priority for the region. The region has met with community members on this issue, and is preparing a business case for submission to the Ministry of Health.





Supporting Processes

Strategic Plan Goal 5.1

Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies.

Initiative:

Continue to implement Lean initiatives and develop and implement indicators to measure Lean outcomes.

Results:

The region is fully committed to quality improvement and has embraced the Lean methodology. Kaizen is a continuous process of finding and eliminating waste as quickly as possible. It can happen in a rapid improvement way (30-60 minutes) or as an event (1-2 days). Value stream mapping and Kaizen events related to the hiring process have resulted in improvements to the Confirmation of Job Posting and Confirmation of Hire processes. An additional Kaizen event resulted in a standardized interview guide that is being piloted. Streamlining these steps frees up time for other activities. It is anticipated that there will be additional Lean initiatives in the coming year within the region.

Representatives of the Mamawetan Churchill River Health Region have also contributed to Lean initiatives at the provincial level related to the surgical initiative and mental health and addictions.



Management Report



Mamawetan Churchill River Health Region

"Working together in wellness to promote, enhance and maintain quality of life."

May 19, 2011

MAMAWETAN CHURCHILL RIVER HEALTH REGION REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Mamawetan Churchill River Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Audit and Finance Committee. The Audit and Finance Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Audit and Finance Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Audit and Finance Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Kathy Chisholm
Chief Executive Officer

Cheryl Elliot, CA
Chief Financial Officer

www.mcrha.sk.ca



2010-11 Financial Overview

The Mamawetan Churchill River Health Region is responsible for the management of financial resources as well as health care services. In 2010-11, the Region ended the year with an operating surplus of \$562,800. 88% of the total 2010-11 revenues for the Region were provided by the Ministry of Health with an additional 4% coming from other provincial government departments.

The Region presents a balanced operating budget to the Board for approval each year. The budget is then forwarded to the Ministry of Health for their review. Throughout the year operating results are compared to the budget and variances are explained. Corrective measures are undertaken where possible to allow programs to stay as close to budget as possible.

For 2010-11, operating expenses were \$191,930 higher than budget. The following is an analysis of the main programs impacting operating expenses:

Program	Budget Expenses	Actual Expenses	Variance	
			Over Budget / (Under Budget)	% of Budget
Acute Care	\$ 6,611,605	\$ 6,972,303	\$ 360,698	5.46%
Supportive Care	590,059	684,738	94,679	16.05%
Home Care	1,334,446	1,588,937	254,491	19.07%
Population Health	4,164,348	3,791,968	(372,380)	-8.94%
Community Care	3,703,272	3,246,603	(456,669)	-12.33%
Primary Health Care	3,982,746	4,365,717	382,971	9.62%
Emergency Response Services	1,090,823	1,112,829	22,006	2.02%
Program Support Services	3,255,286	3,167,652	- 87,634	-2.69%

In 2010-11 there were unbudgeted (but Ministry of Health funded) increases in salary and benefit costs for out-of-scope employees. The SGEU agreement was retroactive to April 1, 2008. While the Region had received \$547,000 for retroactive payments due up to March 31, 2010 in the 2009-10 fiscal year, the impact on 2010-11 operating expenses was \$553,000. This increase affected expenditures in all program areas.

In Acute Care, Supportive Care and Home Care, our Region does not have the relief staff to provide coverage for vacancies, vacation and sick time, therefore, these shifts are often covered by existing staff at overtime rates. The variance in Primary Health Care relates to the continued increase in call backs, which requires the nurse on call to be paid for a minimum of two hours regardless of length of visit. Population Health and Community Care experienced staff vacancies in several of their programs leading to fewer expenditures for supplies and travel as well as salaries.

The Board has invested \$259,062 of the 2010-11 surplus to fund future capital equipment requirements.

Audited Financial Statements

MAMAWETAN CHURCHILL RIVER

REGIONAL HEALTH AUTHORITY

FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2011



Deloitte.

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Prince Albert, SK S6V 1E9
Canada

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www.deloitte.ca

INDEPENDENT AUDITOR'S REPORT

TO THE AUDIT AND FINANCE COMMITTEE OF THE MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

We have audited the accompanying financial statements of Mamawetan Churchill River Regional Health Authority which comprise the statement of financial position as at **March 31, 2011** and the statement of operations and changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Membre de / Member of Deloitte Touche Tohmatsu

Mamawetan Churchill River Health Region - Annual Report 2010-2011

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Mamawetan Churchill River Regional Health Authority as at March 31, 2011, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche CCP.

Chartered Accountants

May 19, 2011

Prince Albert, Saskatchewan



Statements:

Statement 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2011

	Operating Fund	Restricted Funds			Total 2011	Total 2010 (Note 17)			
		Capital Fund	Community Trust Fund						
ASSETS									
Current assets									
Cash and short-term investments (Statement 3)	\$ 4,045,963	\$ 579,468	\$ 19,917	\$ 4,645,348	\$ 4,078,111				
Accounts receivable									
Other	578,218	132,071	-	710,289	900,211				
Inventory	167,111	-	-	167,111	190,280				
Prepaid expenses	182,525	-	-	182,525	113,146				
	4,973,817	711,539	19,917	5,705,273	5,281,748				
Capital assets (Note 3)		9,489,455		9,489,455		9,777,312			
Total Assets	\$ 4,973,817	\$ 10,200,994	\$ 19,917	\$ 15,194,728		\$ 15,059,060			
LIABILITIES & FUND BALANCES									
Current liabilities									
Accounts payable	\$ 810,457	\$ 5,429	\$ -	\$ 815,887	\$ 983,891				
Accrued salaries	1,261,012	-	-	1,261,012	1,121,335				
Vacation payable	876,690	-	-	876,690	774,573				
Deferred Revenue (Note 5)	2,025,658	-	-	2,025,658	1,978,054				
	4,973,817	5,429	-	4,979,247	4,857,853				
Fund Balances:									
Invested in capital assets	-	9,489,455	-	9,489,455	9,777,311				
Externally restricted (Schedule 3)	-	307,874	19,917	327,791	446,405				
Internally restricted (Schedule 4)	-	398,236	-	398,236	281,229				
Unrestricted	-	-	-	-	(303,738)				
Fund balances - (Statement 2)		10,195,565	19,917	10,215,482	10,201,207				
Total Liabilities & Fund Balances	\$ 4,973,817	\$ 10,200,994	\$ 19,917	\$ 15,194,728		\$ 15,059,060			
Commitments (Note 4)									
Pension Plan (Note 10)									

Approved by the Board of Directors:

The accompanying notes and schedules are part of these financial statements.

Statement 2

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
As at March 31, 2011**

	Operating Fund			Restricted			
	Budget			Capital	Community	Total	Total
	2011	2011	2010 (Note 17)	2011	Trust Fund 2011	2011	2010 (Note 17)
REVENUES							
Ministry of Health - general	\$ 22,923,041	\$ 23,953,033	\$ 22,913,686	\$ 140,000	\$ -	\$ 140,000	\$ 218,500
Other provincial	1,406,910	1,096,654	702,762	-	-	-	-
Federal government	288,054	369,901	461,096	-	-	-	-
Special funded programs	286,683	207,476	159,011	-	-	-	-
Patient fees	324,600	353,190	321,923	-	-	-	-
Out of province (reciprocal)	37,000	38,151	34,617	-	-	-	-
Out of country	7,000	1,735	5,397	-	-	-	-
Donations	-	588	-	1,950	4,711	6,661	187,353
Investment	8,000	35,429	10,499	4,488	10	4,498	2,820
Ancillary	127,500	126,042	107,383	-	-	-	-
Recoveries	946,495	822,116	610,392	-	-	-	-
Other	65,903	171,602	164,318	204	-	204	2,633
Total revenues	<u>26,421,186</u>	<u>27,175,916</u>	<u>25,491,084</u>	<u>146,642</u>	<u>4,721</u>	<u>151,363</u>	<u>411,306</u>
EXPENSES							
Province wide acute care services	83,606	90,644	139,330	-	-	-	8,652
Acute care services	6,611,605	6,972,350	6,801,830	509,261	-	509,261	491,371
Physician compensation - acute	30,000	37,270	30,372	-	1,909	1,909	-
Supportive care services	590,059	684,738	722,313	12,261	-	12,261	14,413
Home based service - supportive care	360,261	440,290	410,570	-	-	-	-
Population health services	4,164,348	3,791,968	3,445,234	-	-	-	-
Community care services	3,703,272	3,246,603	2,922,746	-	-	-	-
Home based services - acute & palliative	974,185	1,148,647	1,117,733	-	-	-	-
Primary health care services	3,982,746	4,365,717	4,684,694	-	-	-	128,507
Emergency response services	1,090,823	1,112,829	822,750	96,620	-	96,620	-
Addictions services - residential	287,090	381,353	368,259	16,082	-	16,082	16,833
Physician compensation - community	971,122	946,360	934,758	-	-	-	-
Program support services	3,255,286	3,167,652	2,876,625	63,756	-	63,756	98,423
Special funded programs	302,683	214,507	130,288	-	-	-	-
Ancillary	14,100	12,188	13,621	-	-	-	-
Total expenses (Schedule 1)	<u>26,421,186</u>	<u>26,613,116</u>	<u>25,421,123</u>	<u>697,980</u>	<u>1,909</u>	<u>699,889</u>	<u>758,199</u>
Excess (deficiency) of revenues over expenses	<u>\$ -</u>	<u>562,800</u>	<u>69,961</u>	<u>(551,338)</u>	<u>2,812</u>	<u>(548,526)</u>	<u>(346,893)</u>
Fund balances, beginning of year	(303,738)	(373,699)	10,487,841	17,105	10,504,946	#####	#####
Interfund transfers (Note 9)	(259,062)	-	259,062	-	259,062	#####	#####
Fund balances, end of year	<u>\$ -</u>	<u>\$ (303,738)</u>	<u>\$ 10,195,565</u>	<u>\$ 19,917</u>	<u>\$ 10,215,482</u>	<u>#####</u>	<u>#####</u>

The accompanying notes and schedules are part of these financial statements.



Statement 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY STATEMENT OF CASH FLOW¹ For the Year Ended March 31, 2011

	Operating Fund		Restricted Fund			Total 2010 (Note 17)
	2011	2010 (Note 17)	Capital Fund	Community Trust Fund	Total 2011	
Cash Provided by (used in):	Operating Activities		Financing and Investing Activities			
Excess (deficiency) of revenue over expenses	\$ 562,800	\$ 69,961	\$(551,338)	\$ 2,812	\$(548,526)	\$(346,893)
Net change in non-cash working capital (Note 6)	298,876	850,800	(33,772)	-	(33,772)	(136,860)
Amortization of capital assets	-	-	536,064	-	536,064	516,279
	<u>861,676</u>	<u>920,761</u>	<u>(49,046)</u>	<u>2,812</u>	<u>(46,234)</u>	<u>32,526</u>
Purchase of capital assets						
Buildings/construction	-	-	-	-	-	(24,434)
Equipment	-	-	(248,206)	-	(248,206)	(267,759)
	<u>-</u>	<u>-</u>	<u>(248,206)</u>	<u>-</u>	<u>(248,206)</u>	<u>(292,193)</u>
Net increase (decrease) in cash & short term investments during the year	861,676	920,761	(297,252)	2,812	(294,441)	(259,667)
Cash & short term investments, beginning of year	3,443,348	2,522,587	617,658	17,105	634,763	894,431
Interfund Transfers (Note 9)	(259,062)	-	259,062	-	259,062	-
Cash & short term investments, end of year	\$4,045,962	\$3,443,348	\$ 579,468	\$ 19,917	\$ 599,385	\$ 634,764

The accompanying notes and schedules are part of these financial statements.

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2011**

1. Legislative Authority

The Mamawetan Churchill River Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Mamawetan Churchill River Health Region, under section 27 of *The Act*. The RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act of Canada*.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies.

a) Health Care Organizations

- i) The RHA has agreements with grants funding to the following prescribed Health Care Organization ("HCOs") and third parties to provide health services.

Creighton Alcohol and Drug Abuse Council Inc.

La Ronge Emergency Medical Services

Nor-Man Regional Health Authority

Northern Saskatchewan Special Needs Housing, Employment, Recreation Inc.

Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.

Note 8 b) i) provides disclosure of payments to prescribed HCOs and third parties.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Ministry of Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations



MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2011

2. Significant Accounting Policies – (continued)

designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

ii) Community Trust Fund

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 1/2 % and 10%
Equipment	5% to 20%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

f) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2011**

2. Significant Accounting Policies – (continued)

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

h) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash and short-term investments are classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.

As at March 31, 2011 (2010 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk – affected by changes in foreign exchange rates; Interest rate risk – affected by changes in market interest rates; and Market risk – affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument of the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.



MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2011

2. Significant Accounting Policies – (continued)

- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

3. Capital Assets

	March 31,		
	March 31, 2011		March 31, 2010
	Cost	Accumulated Amortization	
Land	\$ 407,572	\$ -	\$ 407,572
Buildings	13,124,950	4,959,939	8,501,825
Equipment	3,698,764	2,781,892	867,915
	<u>\$ 17,231,286</u>	<u>\$ 7,741,831</u>	<u>\$ 9,489,455</u>
			<u>\$ 9,777,312</u>

4. Commitments

a) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next four years are as follows:

2012	\$ 94,926
2013	65,646
2014	42,611
2015	31,958

b) Contracted Health Service Operators

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2010.

c) Air Medevac Contract

The Mamawetan Churchill River Regional Health Authority has entered into a contract with Transwest Air for supply of Air Medevac services. The contract is in place for the period June 1, 2010 to March 31, 2015. The RHA has committed to pay a monthly retainer of \$26,500 plus GST for the provision of these services.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2011

5. Deferred Revenue

	Balance Beginning of Year (Note 17)	Add Amount Received	Less Prior Amount Recognized	Less Current Amount Recognized	Balance End of Year
Ministry of Health Initiatives					
Ministry of Health – General Revenue Fund					
Autism	\$ 66,285	\$ -	\$ -	\$ -	\$ 66,285
Children Mental Health	20,589	- -	4,132	- -	16,457
Health Career Promotion	- -	15,000	- -	4,141	10,859
Health Workforce Retention					
Program	2,099	- -	372	- -	1,727
Infant Mortality	94,265	50,000	55,605	- -	88,660
Injection Drug Use Strategy	16,496	- -	187	- -	16,309
Integrated Case Management	1,399	- -	- -	- -	1,399
IPFCC Training Funding	- -	10,000	- -	- -	10,000
Needle Exchange MCR	10,072	4,000	10,072	4,000	- -
Needle Exchange PHU	32,909	- -	9,344	- -	23,565
Northern Health Strategy	184,454	260,000	109,454	260,000	75,000
Northern Healthy Community					
Partnerships	116,293	65,000	10,000	16,316	154,977
Organizational Development	73,684	- -	11,794	- -	61,890
Paramedic Act	7,250	- -	7,250	- -	- -
Population Health (PHU)	219,865	1,842,531	18,322	1,591,850	452,224
Quality Workplaces	13,952	4,000	10,240	- -	7,712
Representative Workforce	- -	10,000	- -	5,147	4,853
RN/NP Primary Care Education	- -	150,711	- -	50,132	100,579
Safety Training	6,116	- -	6,116	- -	- -
SIMS & iPHIS	19,340	- -	19,340	- -	- -
SK Surgical Initiatives	- -	66,600	- -	- -	66,600
Tuberculosis Outbreak	65,747	- -	563	- -	65,184
Type 2 Diabetes/KYRHA	4,090	- -	4,090	- -	- -
Workforce Planning	47,823	25,000	43,286	17,491	12,046
Total Ministry of Health	\$1,002,729	\$2,502,841	\$ 320,167	\$1,949,077	\$1,236,326

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2011

5. Deferred Revenue - (continued)

6. Net Change in Non-cash Working Capital	Balance Beginning of Year (Note 17)	Add Amount Received	Less Prior Amount Recognized	Less Current Amount Recognized	Balance End of Year
Non Ministry of Health Initiatives					
ABI	\$ -	\$ 54,000	\$ -	\$ 39,057	\$ 14,943
Babies Books and Bonding	28,970	-	28,970	-	-
Chronic Disease Nurse		200,000	-	192,869	7,131
Diabetes Strategy	19,789	-	19,789	-	-
Drop the Pop	3,131	-	3,131	-	-
Food Security Development	7,651	-	7,651	-	-
Health Quality Council	4,064	30,000	4,064		30,000
Kids First North Mental Health	29,669	77,108	29,669	77,108	-
Kids First North Screening	35,014	53,667	18,024	45,077	25,580
Lateral Violence	538	-	538	-	-
Lean	104,862	-	46,060	-	58,802
Northern Health Strategy	183,505	259,944	156,682	194,454	92,314
Northern Regional Intersectoral Committee	156,533	246,753	13,044	161,036	229,206
Safe Food Handling	1,000	-	1,000	-	-
SRNA Quality Workplace Program Agreement	8,279	-	-	-	8,279
SUN Recruitment and Retention	168,928	-	47,027	-	121,901
Uranium Monitoring	221,877	79,460	26,465	79,460	195,412
Victim Services	1,514	44,042	1,514	38,280	5,762
Total Non Ministry of Health	\$ 975,326	\$ 1,044,973	\$ 403,629	\$ 827,339	\$ 789,330
Total Deferred Revenue	\$1,978,055	\$3,547,815	\$ 723,796	\$2,776,417	\$ 2,025,658

	Operating Fund		Restricted Funds			Total 2011	Total 2010
	2011	2010	Capital Fund	Community Trust Fund	Total 2011		
(Increase) Decrease in accounts receivable	\$ 163,004	\$ 189,585	\$ 26,918	\$ -	\$ 26,918	\$ (109,912)	
(Increase) Decrease in inventory	23,169	(25,989)	-	-	-	-	-
(Increase) Decrease in prepaid expenses	(69,379)	(30,024)	-	-	-	-	-
Increase (Decrease) in accounts payable	(107,315)	(82,589)	(60,690)	-	(60,690)	(26,948)	
Increase (Decrease) in accrued salaries	139,677	575,925	-	-	-	-	-
Increase (Decrease) in vacation payable	102,117	(11,264)	-	-	-	-	-
Increase (Decrease) in deferred revenue	47,603	235,156	-	-	-	-	-
	<u>\$ 298,876</u>	<u>\$ 850,800</u>	<u>\$ (33,772)</u>	<u>\$ -</u>	<u>\$ (33,772)</u>	<u>\$ (136,860)</u>	

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2011

7. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2011 was \$34,535 (2010 - \$21,344). These amounts are not reflected in the financial statements.

8. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations. These financial statements include transactions with related parties.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2011	2010
Saskatchewan Government Insurance	\$ 76,654	\$ 37,930
Northern Medical Services	497,700	468,000
Other RHAs	297,329	106,999
Other	457,563	311,942
Long Term portion	<u>\$ 1,329,246</u>	<u>\$ 924,871</u>



8. Related Parties – (continued)

Expenditures	2011	2010
Saskatchewan Association of Health Organizations	\$ 722,341	\$ 620,929
Ministry of Governments Services	578,625	669,270
Worker's Compensation Board	189,079	190,585
North Sask Laundry & Support Services Ltd.	194,813	197,504
Saskatchewan Telecommunications	203,195	199,293
Public Employees Superannuation Plan	144,669	134,415
Public Service Superannuation Plan	27,412	47,270
Saskatchewan Healthcare Employee's Pension Plan	1,679,281	1,341,504
Saskatchewan Power Corporation	123,264	119,523
Other RHA's	220,139	164,424
eHealth Saskatchewan	24,827	-
Northlands College	1,724	250,000
Other	31,029	13,181
	\$ 4,140,395	\$ 3,947,898
 Accounts Receivable		
Other RHA's	\$ 129,368	\$ 140,530
Northern Medical Services	108,945	104,000
Other	64,738	98,553
	\$ 303,052	\$ 343,083
 Prepaid Expenditures		
Workers Compensation	\$ 44,295	\$ 40,979
Saskatchewan Association of Health Organizations	30,570	-
	\$ 74,865	\$ 40,979
 Accounts Payable		
Saskatchewan Property Management Corporation	\$ 32,657	\$ 37,653
Saskatchewan Telecommunications	9,469	12,451
Saskatchewan Association of Health Organizations	28,483	21,750
Saskatchewan Health care Employee's Pension Plan	128,606	97,409
North Sask Laundry & Support Services Ltd.	15,853	-
Other	18,189	26,197
	\$ 233,258	\$ 195,460

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2011

8. Related Parties – (continued)

b) Health Care Organizations

i) Prescribed Health Care Organization ("HCOs") and Third Parties

The RHA has also entered into agreements with prescribed Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2011	2010
	(Note 17)	
Creighton Alcohol and Drug Abuse Council Inc.	\$ 162,663	\$ 161,734
La Ronge Emergency Medical Services	632,674	638,506
Nor-Man Regional Health Authority	36,768	36,768
Northern Saskatchewan Special Needs Housing, Employment, Recreation Inc.	191,530	191,530
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.	63,790	35,840
	<u>\$ 1,087,425</u>	<u>\$ 1,064,378</u>

9. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2011			2010		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
	\$ (259,062)	\$ 259,062	\$ -	\$ -	\$ -	\$ -
Other						

10. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).



MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2011

10. Pension Plan – (continued)

2. Public Service Superannuation Plan (PSSP) (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.
3. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2011	2010				
	SHEPP ¹	PSSP	PEPP	Total	Total	
Number of active members	226	2	14	242	233	
Member contribution rate, percentage of salary	7.2% - 9.6%*	7.0% - 9.0%*	6.0% - 7.2%*			
RHA contribution rate, percentage of salary	8.1% - 10.8%*	29.2% - 37.5%*	6.0% - 8.1%*			
Member contributions (thousands of dollars)	787	5	67	859	706	
RHA contributions (thousands of dollars)	881	21	60	962	811	

* Contribution rate varies based on employee group.

1. Active members are employees of the RHA, including those on leave of absence as of March 26, 2011. Inactive members are transferred to SHEPP and are not included.

11. Budget

The RHA Board approved the 2010-2011 budget plan on May 28, 2010.

12. Financial Instruments

a) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

b) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short term nature.
 - Accounts receivable
 - Accounts payable
 - Accrued salaries and vacation payable

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2011**

12. Financial Instruments – (continued)

- Cash and short-term investments are recorded at fair value as disclosed in Schedule 2.

c) Operating Line of Credit

The RHA has a line of credit of \$480,000 (2010 - \$480,000) with an interest rate charged at prime rate, which is re-negotiated annually. The line of credit is secured by an assignment and hypothecation of revenues. Total interest paid on the line of credit in 2011 was \$nil (2010 - \$nil). The line of credit was approved by the Minister on June 19, 2002.

13. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

14. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The RHA established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the RHA. The assets are interest bearing with the interest credited to the trust balance. The RHA presently administers \$19,917 (2010 - \$17,106) under these agreements.

15. Future Accounting Changes:

The Canadian Institute of Chartered Accountants (CICA) approved an amendment to require Government Not-For-Profit Organizations reporting under section 4400 of the CICA handbook to move to reporting under section 4200 to 4270 of the Public Sector Accounting Handbook. This change is effective for fiscal years beginning on or after January 1, 2012. The impact of this change is expected to be minimal at this point in time.

16. Collective Agreements

The Saskatchewan Government Employees' Union ("SGEU") contract is in effect until March 31, 2012. The Health Sciences Association of Saskatchewan ("HSAS") contract expired March 31, 2009 and negotiations are ongoing. Until the new collective agreement is reached, the RHA is operating under the prior collective agreement. Additional liabilities, if any, arising from the new collective agreement cannot be reasonably estimated at this time. The Saskatchewan Union of Nurses contract is in effect until March 31, 2012.



MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2011

17. Comparative Information

Certain 2009-2010 balances have been reclassified to conform to the current year's presentation.



Schedules

Schedule 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY SCHEDULE OF EXPENSES BY OBJECT As at March 31, 2011

	Budget 2011	Actual 2011	Actual 2010
Operating:	(Unaudited)		(Note 17)
Advertising and Public Relations	\$ 30,559	\$ 34,022	\$ 80,494
Board Costs	105,760	72,927	86,333
Compensation - Benefits:			
WCB employer premium	198,462	182,284	175,726
Other Compensation Benefits	3,629,384	3,305,830	2,759,666
Compensation - Salaries	13,791,017	14,734,952	13,755,612
Continuing Education Fees and Materials	160,565	144,934	135,943
Contracted-Out Services - Other	760,741	1,005,837	844,605
Diagnostic Imaging Supplies	21,857	12,603	20,800
Dietary Supplies	1,550	818	1,340
Drugs	214,650	239,997	219,637
Food	181,619	185,295	179,196
Grants to Ambulance Services	986,364	733,232	711,114
Grants to Health Care Organizations	352,633	360,555	348,888
Housekeeping and Laundry Supplies	43,472	42,146	42,453
Information Technology Contracts	53,650	75,108	56,275
Insurance	35,000	51,197	44,501
Interest	4,800	5,291	5,559
Laboratory Supplies	137,400	151,022	136,882
Medical and Surgical Supplies	354,938	341,243	384,104
Medical Remuneration & Benefits:			
Other Medical Remuneration & Benefits	1,062,212	1,134,747	1,026,788
Meeting	38,890	54,067	92,166
Office Supplies and other Office Costs	361,218	440,800	434,884
Other	235,190	254,441	409,926
Professional Fees	171,975	196,900	149,008
Prosthetics			
Purchased Salaries	1,340,384	522,014	898,086
Rent/Lease/Purchase Costs	598,335	616,266	643,618
Repairs and Maintenance	89,084	82,477	78,762
Service Contracts	124,392	143,050	123,596
Supplies - Other	157,250	170,575	229,934
Therapeutic - Supplies	-	2,587	-
Travel	842,667	942,810	992,157
Utilities	335,168	373,090	353,069
	\$26,421,186	\$26,613,116	\$25,421,123
Restricted:			
Amortization	\$ 536,064	\$ 516,279	
Other	161,916	241,920	
	\$ 697,980	\$ 758,199	

Other: balance of restricted expenses


Schedule 2

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2011

	Fair Value	Maturity	Effective Rate	Coupon Rate
<u>Restricted Investments*</u>				
Cash and Short Term				
Chequing and Savings:				
Prince Albert Credit Union	\$ 11,315			
Flin Flon Royal Bank	1,296			
Flin Flon Credit Union	3,489			
La Ronge CIBC	<u>579,468</u>			
Total Restricted Investments	<u>\$ 595,568</u>			
<u>Unrestricted Investments</u>				
Cash and Short Term				
Cash	\$ 1,025			
Chequing and Savings - CIBC	<u>4,044,938</u>			
Total Unrestricted Investments	<u>\$ 4,045,963</u>			
Total Investments	<u><u>\$ 4,641,531</u></u>			
<u>Restricted & Unrestricted Totals</u>				
Total Cash & Short Term	<u>\$ 4,641,531</u>			
Total Investments	<u><u>\$ 4,641,531</u></u>			

* Restricted Investments consist of:

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Cash and Bank accounts held in the Capital Fund

**Schedule 3**

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2011

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year		Investment & Other Revenue			Donation	Expenses	Withdrawals	Balance End of Year	
	\$	10,152	\$	7	\$	4,711	\$	(1,457)	\$	13,413
La Ronge Home Care										
Weyakwin Home Care		660		-		-		-		660
Creighton Home Care		3,486		3		-		-		3,489
Sandy Bay Home Care		1,296		-		-		-		1,296
Pinehouse Home Care		1,512		-		-		(452)		1,060
Total Community Trust Fund	\$	17,106	\$	10	\$	4,711	\$	(1,909)	\$	19,918

CAPITAL FUND

	Balance Beginning of Year		Investment & Other Revenue			Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year	
	\$	10	\$	10	\$	10	\$	10	\$	10
	(Note 17)									
Ministry of Health - Equipment	\$	370,221	\$	-	\$	95,000	\$	(96,620)	\$	(150,099)
Ministry of Health - Capital Improvements		59,079		-		45,000		(14,707)		-
Total Capital Fund	\$	429,300	\$	-	\$	140,000	\$	(111,327)	\$	(150,099)
TOTAL EXTERNALLY RESTRICTED FUNDS	\$	446,406	\$	10	\$	144,711	\$	(113,236)	\$	(150,099)
										327,792

**Schedule 4**

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2011

	Balance Beginning of Year	Net Income Allocated	Allocation from Unrestricted Fund *	Transfer to Unrestricted Fund (Expenses)	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Capital Equipment	\$ 281,229	\$ 6,642	\$ 259,062	\$ (50,197)	\$ (98,500)	\$ 398,236
Total Capital	\$ 281,229	\$ 6,642	\$ 259,062	\$ (50,197)	\$ (98,500)	\$ 398,236

* At the April 28, 2011 Board meeting, the Board approved the transfer of operating surplus to the Capital Fund

Schedule 5

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF BOARD MEMBER REMUNERATION
For the Year Ended March 31, 2011

RHA Members	2011									2010
	Retainer	Per Diem	Travel and Sustenance Expenses			Other Expenses	CPP	Total	Total	
			Travel Expenses	Time Expenses	Sustenance Expenses					
Joe Hordyski	\$ 9,130	\$ 7,227	\$ 2,133	\$ 2,627	\$ -	\$ 786	\$ 21,902	\$ 32,094		
Al Rivard	-	5,034	533	1,612	-	155	7,334		12,907	
Ron Pratt	830	2,816	1,225	1,245	-	-	-	6,116		
Josie Searson	-	4,103	1,004	1,661	-	-	-	6,768	13,951	
Leon Charles	-	2,708	1,625	3,731	-	-	6	8,069	5,427	
Louise Wiens	-	2,975	846	1,293	-	-	-	5,114	7,468	
Ron Woytowich	-	2,863	916	1,332	-	-	4	5,114	4,634	
Lorraine Bear	-	2,252	2,041	3,419	-	-	-	7,712		
Ina Fietz-Ray	-	-	-	-	-	-	-	-	1,881	
Peter Bear	-	-	-	-	-	-	-	-	(354)	
Total	\$ 9,960	\$ 29,976	\$ 10,324	\$ 16,919	\$ -	\$ 951	\$ 68,129	\$ 78,008		

**Schedule 5 – (continued)**

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF SENIOR MANAGEMENT SALARIES, BENEFITS,
ALLOWANCES, AND SEVERANCE
For the Year Ended March 31, 2011

Senior Employees	2011					2010		
	Benefits and Allowances		Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances ^{1,2}		Total
	Salaries ¹	Allowances ²				Severance	Total	
Kathy Chisholm, CEO	\$ 170,954	\$ 27,707	\$ 198,660	\$ -	\$ 198,660	\$ 142,147	\$ -	\$ 142,147
Andrew McLetchle, Director of Integrated Services	116,849	19,671	136,520	-	136,520	64,452	-	64,452
Brenda Mishak-Beckman, Director of Primary Health Care	70,034	8,914	78,948	-	78,948	133,582	-	133,582
Irene Erikson, Director of Corporate Services	37,112	14,704	51,815	-	51,815	-	-	-
Curtis Skalicky, Director of Information Systems	99,280	13,140	112,420	-	112,420	108,103	-	108,103
Donna Stockdale, Director of Population Health	111,828	21,906	133,734	-	133,734	118,385	-	118,385
Harry Ohm, Director of APRS	84,377	14,073	98,449	-	98,449	51,376	-	51,376
Kenneth Kowalczyk, Director of Corporate Services	40,319	6,099	46,418	-	46,418	113,008	-	113,008
Linda Mikolayenko, Director of Communications	77,698	13,363	91,061	-	91,061	87,265	-	87,265
Sharyn Swann, Director of Mental Health	97,178	15,594	112,773	-	112,773	112,763	-	112,763
Susan Halland, Director of Human Resources	110,890	13,479	124,369	-	124,369	106,122	-	106,122
Teresa Watt, Director of Quality Improvement and Risk Management	99,280	16,195	115,474	-	115,474	107,380	-	107,380
Wayne Kuffner, Director of APRS	-	-	-	-	-	9,065	-	9,065
Total	\$1,115,798	\$ 184,844	\$ 1,300,642	\$ -	\$ 1,300,642	\$1,153,648	\$ -	\$1,153,648

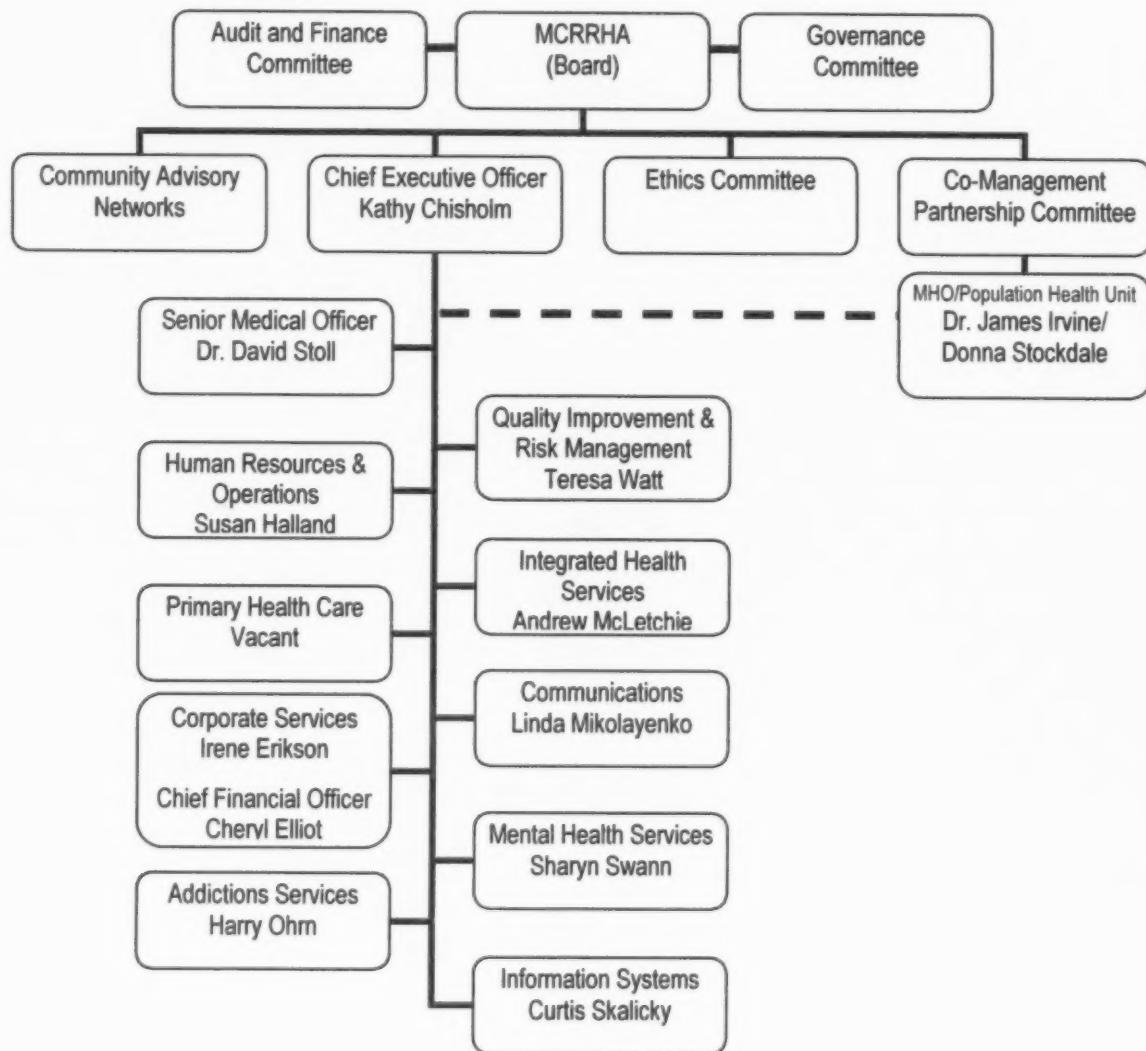
1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.



Appendix A – Organizational Chart

The Mamawetan Churchill River Health Region is organized utilizing a departmental model. Each program manager or director is held accountable for one or more functions. Below is the organization chart as of March 31, 2011.



Note: Responsibility for Facilities and Operations was transferred from Corporate Services to a renamed Human Resources & Operations department in May, 2010.

Ken Kowalczyk resigned July 30, 2010 as Director of Corporate Services. Irene Erikson became Director of Corporate Services. Cheryl Elliot, contracted through the Prince Albert Parkland Health Region, took on the duties of Chief Financial Officer on a part time basis. Brenda Mishak Beckman resigned as Director of Primary Health Care in October, 2010.



Appendix B - Payee List

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

PAYEE DISCLOSURE LIST For the Year Ended March 31, 2011

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of \$50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more.

Abrametz, Cathryn	\$	69,102	Martin, Pamela	\$	67,297
Ahenakew, Wendy		64,974	Mayotte, Amanda		76,537
Anderson, Debbie		91,686	McDonald, David		50,117
Bakos, Michelle		104,817	McDonald, Evelyn		66,513
Beal, Melanie		93,280	McLetchie, Andrew		119,189
Beaudin, Donovan		102,197	McPhail, Wendy		91,316
Beckman, Bart		67,940	Merasty, Veronique		51,006
Bell, Kim-Ann		71,691	Mesfin, Rediate		105,729
Biemans, Theodore		54,606	Mikolayenko, Linda		80,242
Biliske, Barbara		97,586	Mineau, Myron		50,911
Boire, Rebecca		54,636	Mishak Beckman, Brenda		71,339
Brakstad, Gregory		70,580	Moore, Michelle		230,086
Bratberg, Larene		99,472	Mwewa, Gospel		111,018
Brown, Todd		171,754	Myslicki, Crystal		101,618
Burkholder, Joanne		94,372	Nateweyes, Tanya		74,657
Burnouf, Calyn		64,457	Natomagan, Jackie		84,463
Caisse, Donald		65,354	Nefedow, Valerian		72,371
Campbell, Joanne		56,212	Obrien, Myrtle		50,422
Cannon, William		100,311	Ohrn, Caroline		65,684
Carolus, Andrew		89,245	Ohrn, Harry		86,717
Catte, Luanne		68,051	Olarinmoye, Esther		65,650
Chisholm, Kathleen		176,848	Olsen, Joan		61,336
Christiansen, Allison		67,282	Opikokew, Kim		51,598
Clark, Colleen		52,901	Patience, Deborah		92,694
Coe, Jeannie		108,962	Penney, Cindy		144,864
Croissant, Helen		69,913	Pollon, Betty		60,144
Declare, Kendra		51,448	Pontague, Carol		167,563
Desroches, Wendy		72,679	Prokopchuk, John		94,238

Personal Services (continued)

Eckhart, Karen	\$ 83,250	Protz, Nicole	\$ 73,198
Erikson, Irene	77,160	Quinn, Brian	94,698
Fidler, Gordon	51,588	Radloff, Jennifer	94,832
Frain, Amanda	53,018	Ratcliffe, Maureen	78,756
Francais, Michelle	70,851	Ratt Misponas, Caroline	62,829
Friesen, Crystal	87,822	Ray, Ramona	52,412
Funk, Krista	100,738	Roesler, Diane	94,036
Galloway, Justin	79,170	Romanow, Mark	59,843
Galloway, Pat	110,649	Romanow, Theresa	60,982
Geier, Monika	77,763	Ross, Loretta	50,324
George, Jisha	97,298	Roy, Jody	60,131
Giles, W Barry	75,116	Sabu, Binu Asha	103,901
Goulet, Millie	60,580	Sampson, David	89,656
Graham, Bryce	109,620	Schommer, Kimberly	90,909
Gray, Janet	75,026	Senft, Laurie	66,585
Greuel, Bradley	53,695	Senik, Janet	76,019
Greuel, Cindy	80,909	Skalicky, Curtis	102,687
Grimard, Joanne	62,561	Skalicky, Patricia	63,343
Haberman, Cory	105,121	Slugoski, Deena	69,835
Hakes, Jacqueline	54,473	Smith, Kimberly	55,891
Halland, Susan	113,717	Smith, Phyllis	75,020
Hallberg, Dianne	56,732	Stockdale, Donna	119,470
Haydukewich, Karien	91,012	Storozuk, Karen	71,807
Hiebert, Julia	61,834	Swann, Sharyn	99,712
Hill, Russell	104,641	Taggart, Debbie	78,976
Holmes, Alida	66,441	Taylor, James	94,259
Horne, Sandra	50,794	Trites, Pamela	100,610
Irving, Margaret	55,028	Tyckon, Paul	55,494
Jack Frazer, Penny	62,814	Van Meppelen, Alex	52,043
Johnson, Jennifer	96,515	Vancoughnett, Kim	56,072
Johnston, Laura	51,662	Vandergucht, Francine	96,859
Keddie, Brian	85,673	Vincent, Jay	64,187
Keith, Heather	58,460	Watt, Dorla	112,139
Klassen, Chalsey	66,387	Watt, Jody	96,834
Kostyshyn, Carley	81,343	Watt, Teresa	101,920
Lariviere, Sophie	58,960	Watts, David	62,648
Legebokoff, Denise	97,990	Whaley, Rebecca	114,983
Mabee, Guy	62,058	Wolkosky, Charmaine	62,386
Mackay, Michelle	95,079	Wolkosky, Patricia	120,210
Mahoney, Bonnie	72,144	Young, Maxwell	112,789
Mark, Amy	61,033	Zarazun, Laurie	91,027



Supplier Payments

Listed are payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Carol Gillis	\$ 71,950	Philips Medical Systems Canada	\$ 55,000
David Stoll	129,732	Revenue Canada	4,750,410
Federated Co-Operatives Limited	225,494	SAHO	90,815
Great West Life	88,377	SAHO Dental Benefits	147,268
J.A.Steyn Med. Prof. Corporation	961,400	SAHO DIP Benefits	149,351
Jackie Hunchak	73,078	SAHO Extended Health Care	292,564
Kaministikochiwak Devel. Corp.	171,990	Sask Power	123,264
Keewatin Yathhé Health Authority.	340,636	Sask Tel	114,656
MARSH Canada Limited	52,246	Sask. Property Management	321,557
MCRHD Capital Account	217,149	Sask. Workers' Compensation Brd.	189,079
Medi-Cross Pharmasave	274,877	Saskatchewan Healthcare	1,679,281
Ministry Of Government Services	257,068	Saskatchewan Union Of Nurses	55,828
Motorola Canada Limited	131,144	Schaan Healthcare Products	123,137
Napoleon Gardiner	118,676	SGEU-Local	78,849
North Sask Laundry & Support Services	194,813	Sk. Govt. Employees' Union	68,692
Ortho - Clinical Diagnostics	82,916	Sysco Food Services Of Regina	175,547
Osprey Wings Ltd.	77,496	Tab	50,050
PEBA/Public Emp. Pension Plan	144,669	Transwest Air	429,410

Appendix C - Partnerships

"Together in Wellness" is more than just a slogan for the Mamawetan Churchill River Health Region. Working together with other individuals and organizations is critical to achieving our mandate, and to contributing to the well-being of the larger community. Following are some of the partnerships our health region is engaged in.

Children North - Early Childhood Intervention Program (ECIP)

Children North - Early Childhood Intervention Program (ECIP) is one of 15 agencies in Saskatchewan providing family centered and home based early childhood intervention support. Children North provides services to families in La Ronge, Grandmother's Bay, Sucker River, Hall Lake and Pinehouse. ECIP families have children with special and specific needs and who are not yet enrolled full time in school. ECIP's support to families is based on the families' needs and may include:

- Access to information about children with disabilities, developmental delays and or behavioural concerns. The child may be affected by Fetal Alcohol Spectrum Disorder, chromosomal anomalies, neurological or genetic disorders, congenital malformations, other spectrum disorders, chronic medical illnesses, etc.;
- Regular home visits to complete screening for developmental milestones, and provide information on parenting and disabilities;
- Coaching on strategies to enhance the child's development, and the relationship between parent and child and community;
- Service coordination, case management, referral to other supports;
- Accompaniment to local and regional medical appointments, research and advocacy.

Children North also offers family support from a Family Assistant. This is a home-based, outreach program working with vulnerable families and their children. Using a positive, strength-based approach, the Assistant may mentor parents to build their skills in maintaining a healthy home. Parents may need assistance learning housekeeping, doing laundry, budgeting, meal preparation, developing routines, making and keeping appointments, or connecting with other services in the community. The Assistant may also work with parents to establish and maintain healthy relationships with other parents.

Self referrals are accepted, and all services, including access to the toy and resource lending libraries are free. For more information, contact the Director at 306-425-6600.

Community Advisory Networks

Community Advisory Networks are established by the Regional Health Services Act. They consist of volunteers from our various communities who assist the Health Authority to understand the needs, preferences and priorities of the people and communities, and advise the Authority on broad issues. If you wish to join a Community Advisory Network, or would like more information, please contact the Director of Communications at 306-425-2422.



Community Vitality Monitoring Partnership

Working with northern communities, health and education agencies, the Northern Mines Monitoring Secretariat, as well as industry (Areva and Cameco), this partnership involves the development of monitoring process for social impacts of various developments in northern Saskatchewan. Mamawetan Churchill River Health Region is represented on the Steering Committee by the Medical Health Officer who is the chair of the Steering Committee. Recent initiatives include the development of a northern recognition award program and a northern careers counselling initiative. These were two of the priorities identified through a strategic planning workshop in 2008.

Creighton Alcohol and Drug Abuse Council (CADAC)

CADAC is an incorporated Health Care Organization with its own Board of Directors. Through a funding agreement with the Mamawetan Churchill River Health Region, it provides addictions prevention and intervention services to residents in Creighton and surrounding areas.

CADAC has initiated a number of programs and is involved in a variety of committees within the community.

CADAC may be reached by calling 306-688-8291.

Creighton Interagency Committee

The Mamawetan Churchill River Health Region is one of a number of groups that make up the Creighton Interagency Committee. The committee members work together to address community needs.

Creighton School Division

Creighton Community School is part of Creighton School Division #111. The Mamawetan Churchill River Health Region dental program is located at the school, and MCRHR public health nurses provide immunizations and educational programs.

Diabetes Education Network (DEN)

The Diabetes Education Network (DEN) is a group of community members and health care professionals interested in learning about diabetes together. DEN is an initiative of Mamawetan Churchill River Health Region and Lac La Ronge Indian Band.

First Responders

First Responders are registered volunteers who have successfully completed a first responder training program. They are dispatched to an emergency only after the local ambulance service has been notified. In the Mamawetan Churchill River Health Region, first responders are based in Grandmother's Bay, Sucker River, Hall Lake, Weyakwin, Sandy Bay and Pinehouse Lake. This program operates in partnership with the Lac La Ronge Indian



Band Health Services, which pays for the original training and equipment. The health region, through a first responder facilitator, ensures the first responders are registered and arranges for regular in-services.

Flin Flon Ambulance

Through a funding agreement with the health region, Flin Flon Ambulance staff provide ambulance services in the Creighton, Denare Beach and Deschambault Lake areas.

Hatchet Lake First Nation Health Services

Located at a Health Centre in Wollaston Lake, and funded through Health Canada, the Hatchet Lake First Nation Health Services provides health care to residents of the area. The Mamawetan Churchill River Health Region collaborates with their staff in the interests of common clients.

Health Quality Council

The Health Quality Council (HQC) is an independent agency that measures and reports on quality of care in Saskatchewan, promotes improvement, and engages its partners in building a better health system. The Mamawetan Churchill River Health Region has participated in a number of HQC initiatives including the Chronic Disease Collaborative, Quality as a Business Strategy, discharge planning and a patient experience survey.

J.A. Steyn Professional Medical Corporation

Through funding agreements, the J.A. Steyn Professional Medical Corporation provides physician services to the Mamawetan Churchill River Health Region at Sandy Bay and to the Peter Ballantyne Cree Nation Health Services, Inc. at Pelican Narrows and Deschambault Lake.

Jeannie Bird Clinic - see Lac La Ronge Indian Band Health Services

Kids First North

Kids First is a program that helps families to become the best parents they can be and to have the healthiest children possible. The program enhances knowledge, provides support, and builds on family strengths.

The Mamawetan Churchill River Health Region is a partner in this initiative. The region provides prenatal referral and support; in-hospital screening; breastfeeding support and encouragement; assessment; and home visiting services in La Ronge.

Through Mental Health Services, we partner to provide a mental health and addictions Team and Family Counsellor to KFN families and staff in the communities of La Ronge, Sandy Bay and Pinehouse.



Kikinahk Friendship Centre

The Kikinahk Friendship Centre is located in La Ronge. Health Region staff collaborate with Kikinahk program staff on committees such as the Pre Natal Baby Friendly Committee and projects relating to sexual health.

La Ronge Emergency Medical Services (EMS)

La Ronge EMS is a privately-owned company. Through a funding agreement with the health region, La Ronge EMS staff provide ambulance services in the La Ronge area.

La Ronge Medical Clinic

A nurse practitioner, employed by the health region, works in partnership with the physicians and administrative support team at the La Ronge Medical Clinic. The La Ronge Medical Clinic is located on La Ronge Avenue along the shore of Lac La Ronge and is a university affiliated teaching practice operated by the Northern Medical Services division of the Department of Academic Family Medicine of the University of Saskatchewan.

The clinic offers medical services for scheduled appointments, minor emergency services, health counseling and regular visiting specialist clinics to the people of La Ronge and the neighbouring communities.

Physicians also provide services to the La Ronge Health Centre Emergency, Outpatients, Acute Care, and Long Term Care departments. As well, regular clinics are scheduled at Wollaston Lake, Stanley Mission, Pinehouse and Southend.

The phone number for the La Ronge Medical Clinic is 306-425-2174. Hours are Monday through Friday from 9:00 a.m. to 5:00 p.m.

La Ronge Ministerial Association

On a voluntary basis, clergy in La Ronge provide a chaplaincy service to patients at the La Ronge Health Centre and residents of Nikinan (Long Term Care). As well, members of the Ministerial Association take turns conducting worship services in Nikinan on Sundays and special occasions.

Lac La Ronge Indian Band Health Services

Headquartered at the Jeannie Bird Clinic on Far Reserve, the Lac La Ronge Indian Band Health Services provide a wide range of health services for members of the Lac La Ronge Indian Band. Health Clinics are also located in Grandmother's Bay, Hall Lake, Sucker River and Little Red River.

The Mamawetan Churchill River Health Region collaborates with Lac La Ronge Indian Band Health Services on committees such as the Pre Natal Baby Friendly Committee and National Addictions Awareness Week, and in the training of first responders.



The Jeannie Bird Clinic may be contacted by calling 306-425-3600.

New North - Saskatchewan Association of Northern Communities Services, Inc.

New North is comprised of 35 member communities with the goal of enhancing the quality of life for northern people within the Northern Administration District of Saskatchewan. Mamawetan Churchill River Health Region staff collaborate with the various councils in emergency planning and in training programs for municipal workers.

NOR-MAN Regional Health Authority

The NOR-MAN Regional Health Authority is located in northern Manitoba. In addition to providing services to that area of the province, it also provides services at Flin Flon General Hospital to approximately 8,000 residents of NE Saskatchewan from the communities of Creighton, Denare Beach, Deschambault Lake, Pelican Narrows, Sandy Bay, and Sturgeon Landing. A funding agreement for the provision of these services exists between the two provinces. Al Rivard, a member of the Mamawetan Churchill River Regional Health Authority, also serves on the Board of the NOR-MAN RHA.

North Sask Laundry & Support Services LTD

North Sask Laundry is a non-profit organization whose purpose is to provide linens for the following health regions: Kelsey Trail, Prairie North, Prince Albert Parkland and Mamawetan Churchill River. In 2010-11, MCRRHA Board Member Louise Wiens sat on the Board of North Sask Laundry, and the region is represented on committees by staff.

North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN)

NSN works to provide enhanced opportunities for people with disabilities to have safe and appropriate housing, meaningful employment, and rewarding recreational activities. Special needs can result from physical or mental disabilities. The non-profit organization is based in La Ronge and acts as a service delivery agent for programs funded by the health region. NSN may be reached by phone at 306-425-4990 or email at: nsn.laronge@sasktel.net

Northern Antibiotic Resistance Partnership

The Northern Antibiotic Resistance Partnership (NARP) is comprised of a team of community members, healthcare professionals, educators and research scientists (four health regions, seven communities, five First Nations health organizations, Public Health Agency of Canada, National Laboratory of Microbiology, Saskatchewan Disease Control Laboratory) working in partnership to study antimicrobial resistant bacteria causing infections in northern communities. The Population Health Unit and Director of Primary Health Care represent the Mamawetan Churchill River Health Region on this team. Some of the initiatives include a social marketing campaign and curriculum components for schools.



Northern Inter-Tribal Health Authority

The mission of the Northern Inter-Tribal Health Authority (NITHA) is to provide professional support, advice and guidance to its partners (the Prince Albert Grand Council, the Meadow Lake Tribal Council, the Peter Ballantyne Cree Nation, and the Lac La Ronge Indian Band), enabling them to better meet the health needs of their communities. The Mamawetan Churchill River Health Region collaborates with NITHA in initiatives such as the Northern Health Strategy and Northern Antibiotic Resistance Partnership.

Northern Health Authorities Co-management Partnership Committee

The three northern health authorities, the Athabasca Health Authority, the Keewatin Yatthé Regional Health Authority and the Mamawetan Churchill River Regional Health Authority, are signatories to a Memorandum of Understanding establishing the Northern Health Authorities Co-management Partnership Committee (NHACPC). The goal of the NHACPC is to improve the health and well-being of the people of northern Saskatchewan by working together in the development of healthy public policy and providing a strong northern voice for various provincial health and other intersectoral initiatives and programs. The objective is also to collaborate, when appropriate, in delivering efficient and cost-effective health programs across the north. One major collaborative initiative is the Population Health Unit, with components which have a north-wide legislative function for the Public Health Act, such as environmental health and communicable disease monitoring.

Northern Health Strategy

The Northern Health Strategy works towards addressing some of the challenges faced by health organizations in Northern Saskatchewan. These include jurisdictional complexities in service delivery; diseconomies of scale; human resource issues (recruitment and retention difficulties); geographic dispersion, small population, and small community size (often remote/isolated). The Mamawetan Churchill River Health Region is the accountable partner with respect to federal and provincial funding. The Chief Executive Officer of the health region co-chairs the Northern Health Strategy Working Group.

Northern Healthy Communities Partnership

The Northern Health Communities Partnership (NHCP) evolved from the Northern Diabetes Coalition. As part of a north-wide population health promotion strategy, NHCP has representation from a variety of sectors (education divisions, recreation, etc.) throughout the North, including the Mamawetan Churchill River Health Region. Currently, NHCP initiatives are led by the Active Communities Team, the Healthy Eating Team, and a Literacy Advisory Committee responsible for the *Babies, Books and Bonding* program. NHCP is also a vehicle for networking on other health promotion initiatives related to substance abuse and mental well-being.

Northern Human Services Partnership

The Northern Human Services Partnership's mandate is to "provide a forum for the planning and delivery of integrated human services for Northern people". Membership is open to



anyone that is interested; the Executive is formed by members of provincial ministries, non-profit organizations, and third-party organizations. First Nations and federal agencies are also part of the membership. The work is determined by both the membership and by provincial government. Examples of provincial work would be the work done to develop and implement Cognitive Disabilities Strategy in La Ronge and area, and the adjudication of grants that result in the dissemination of almost \$.5 million in provincial grants each fiscal year. The Community Reference Panels are an example of northern-identified work that the Partnership participates in with other stakeholders. In 2009-10, Ron Woytowich represented the Mamawetan Churchill River Regional Health Authority. Region staff also participate.

Northern Labour Market Committee

The mandate of the Northern Labour Market Committee is to identify and assess emerging labour market and economic development issues in northern Saskatchewan and recommend or initiate actions that will enable residents to benefit from training, employment, and economic activities in their region. The Mamawetan Churchill River Health Region participates in the Northern Health Sector Training Sub-Committee.

Northern Lights School Division #113

The majority of schools in the Mamawetan Churchill River Health Region fall under the jurisdiction of the Northern Lights School Division. The region collaborates with the various schools to provide dental services, immunizations and educational programs. A Sexual Wellness Coordinator works in partnership with the teachers in La Ronge to offer education, information and skills training to students about all aspects of human sexuality.

Northern Medical Services

Northern Medical Services is a division of the Department of Academic Family Medicine of the University of Saskatchewan. NMS is responsible for staffing the La Ronge Medical Clinic and ensuring that there are physicians to provide the necessary services in La Ronge and the communities of Wollaston Lake, Stanley Mission, Pinehouse and Southend.

Northern Mines Monitoring Secretariat (NMMS)

The NMMS is a body of federal and provincial ministries, agencies and departments and the three northern health authorities including Mamawetan Churchill River Health Region (through the Medical Health Officer) to facilitate assessment and monitoring initiatives of uranium mines as well as to support Northern Environmental Quality Committees.

Northlands College

Northlands College is a publicly funded regional college with campus centres located in La Ronge, Buffalo Narrows and Creighton. The Mamawetan Churchill River Health Region collaborates with the college to deliver programs such as the Health Careers Access program, the Special Care Aide and Licensed Practical Nurse training programs. The region provides practicum work placements.



Other Health Regions/Service Providers

In alphabetical order, here is a list of other health regions and other health service providers in Saskatchewan:

- [Athabasca Health Authority](#)
- [Cypress Health Region](#)
- [Five Hills Health Region](#)
- [Heartland Health Region](#)
- [Keewatin Yatthé Health Region](#)
- [Kelsey Trail Health Region](#)
- [Prairie North Health Region](#)
- [Prince Albert Parkland Health Region](#)
- [Regina Qu'Appelle Health Region](#)
- [Saskatchewan Cancer Agency](#)
- [Saskatoon Health Region](#)
- [Sun Country Health Region](#)
- [Sunrise Health Region](#)

Peter Ballantyne Cree Nation Health Services Inc.

Through a funding agreement with the health region, the Peter Ballantyne Cree Nation Health Services Inc. provides ambulance services in the Pelican Narrows area. Peter Ballantyne Cree Nation Health Services Inc. also has health centres in the communities of Pelican Narrows, Deschambault Lake, Sturgeon Landing and Southend. The Mamawetan Churchill River Health Region collaborates with their staff in the interests of common clients.

Pinehouse Interagency Committee

The Mamawetan Churchill River Health Region is one of almost 25 groups that make up the Pinehouse Interagency Committee. The committee members work together to address community needs. The organization was a 2008 recipient of the Northern Health Excellence Award for Partnership Development.

Pre-Natal Baby Friendly Committee (La Ronge)

In La Ronge, the Mamawetan Churchill River Health Region works with other organizations to ensure that pregnant women and families with babies receive the information and support they need to give their babies a healthy start in life. The committee hosts an annual Breastfeeding Walk, several prenatal gatherings, and educational sessions for professionals.

Sandy Bay Interagency Committee

The Mamawetan Churchill River Health Region is one of a number of groups that make up the Sandy Bay Interagency Committee. The committee members work together to address community needs.



Saskatchewan Ministry of Environment

Mamawetan Churchill River Health Authority partners closely with the Saskatchewan Ministry of Environment on a wide variety of initiatives such as reviews of environmental impact assessments, the assessment of human health risks in a variety of communities from contaminated sites, the health risk assessments of country food and joint training for municipal workers.

Saskatchewan Ministry of Health

The health region works closely with the Saskatchewan Ministry of Health and receives operational and capital funding through the Ministry. As well, the Ministry provides central coordination of program delivery.

Saskatchewan Association of Health Organizations (SAHO)

SAHO is a non-profit, non-governmental association of health agencies. It provides its more than 150 members with leadership, services and a common voice. In 2010-11, Joe Hordyski represented MCRRHA on the SAHO Board.

Stanley Mission Health Services

The First Nations organization, Stanley Mission Health Services, serves the residents of the community of Stanley Mission. The Mamawetan Churchill River Health Region collaborates with their staff in the interests of common clients.

Town of La Ronge

With provincial funding, the Town of La Ronge purchased and maintains a Handivan for the use of Health Region homecare and social wellness programs.

Volunteers

The La Ronge Health Centre has a volunteer program that coordinates the time, talents and energy of volunteers to complement the work of staff and other community services. Volunteers are valued members of the team and provide assistance in a number of areas, including assistance with activities, meals on wheels, transportation and palliative care. A special effort is made to provide youth in the community with volunteer opportunities. For more information, contact the Volunteer Coordinator at 306-425-4803.



Appendix D - Publications

In the interest of public education and transparency, a number of publications developed during 2010-11 are available on the health region website. They include:

Facilities & Infrastructure Requirements Strategy 2010

Coping with Suicidal Thoughts

The Cost of Healthy Eating in Northern Saskatchewan

